N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

county Finderics	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registered No.
Village or City (No. 2)	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
** SEX	(Month) (Day) (Year)
6 DATE OF BIRTH	that I last saw h da alive on 12 alive 1 1913
7 AGE (Month) 29 (Day) (Year) 1 If LESS than t day,	and that death occurred on the date stated above, at 13 m, The GAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work	Ofned-buth
(b) General nature of industry, business, or astablishment in which amployed (or employer) BIRTHPLACE (State or country)	Contributory Pure Plateria
10 NAME OF John C. Lamber	(Signed) (Ouration) yys mos ds.
2 State or country) findence (12 MAIDEN NAME OF MOTHER (1)	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Findens (Co	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant)	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Frederich (eily me	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL WHO CLINT CONNET WING 9 1911. 3 20 UNDEBTAKER ADDRESS
Filed, 191	Motison 6 line Freder Cit
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nismass Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. cases, especially in industrial employments, it is nec-For many occupations a single word or term on the who have no occupation whatever, write None. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (0)

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Purpersal septichuecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. mus," "Oid Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," vulvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing affection need not be stated unless important. nant neoplasms); Mcasles; Whooping cough; Chronio oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; State cause for For vio-



	PLACE OF DEATH	STATE OF MAR	
C	ounty treduced	CERTIFICATE OF	
,	/illage or City Brunsevole (No	Registration Dist.	[it death occurred in a hospital or institution
	* FULL NAME Jungant of Har	ny Bue allen	give its NAME lostear of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
	ex 4 color or race 5 single, MARRIED, WIDDWED, WIDDWED, WIDDWED, Write the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I at	(Day) , 1913 (Year)
8 [OATE OF BIRTH (Month) (Day) (Year)	that I last saw h Less alive on May	34 1913
7 A	ge If LESS than f day, hrs. OR min.?	and that death occurred on the date stated ab The GAUSE OF DEATH* was as follows:	· A R
(a) pa (b) wh	CCUPATION 1) Trade, protession, or 1rticular kind of work	Contributory (Secondary) (Dyration)	yrsds.
10	10 NAME OF Herry Bue allen	(Signed) Som West 2	yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and (2)	deaths from VIOLENT
PAR	of Mother Carrie Mi Kynkook	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS. INS OR RECENT RESIDENTS)	
	13 BIRTHPLACE OF MOTHER (State or country)	at place in the	yrs, ds.
14.	(Informant) Brusseck Ind	If not at place of death? Former or usual residence.	ATE OF BURIAL
15 FI	ied May 3 1913 X. Trie Try REGISTRAR	20	DDRESS .
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No.	1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from husiness, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Leaithful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing desired to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," "Oid Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. oma. Surcoma. etc., of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig Bronchopneumonia (secondary), 10 ds. The contributory tetanus) may he stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURBAU, V.S.

ECO	HYSIG F OC
2	T 0
RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO	of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIS DEATH in plain terms, so that it may be properly classified. Exact statement of OC
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TAGE

PARENTS

PLACE OF DEATH

6586

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

....Ward)

If death occurred in a hospital or institution, give Its NAME Instead

of street and number. I PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH COLOROR RACE MARRIED Mar (Month) (Dav (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) It LESS than and that death occurred on the date stated above, at 1 dayhrs. SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ... (9 BIRTHPLACE (State or country) Contributory

> Uniono llo *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

> 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS At place In the of death _____ yrs. ____ mos. ____ ds. State _____ yrs, ____ mos. ___

Where was disease contracted. It not at place of death?.

Former or usual residence.

Secondary

(Signed)

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requestin V. S. No. 1.

OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country

12 MAIDEN NAME

OF MY KNOWLEDGE

15

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupatious gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death is respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancanse of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debllity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement or "Dropsy," "Exhaustion," Never report For vio-



BINDING MARGIN RESERVED FOR

V. 8. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

11

Village or City MA Pleasant No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 4 St.; Ward) St.; Ward) Clif death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIEO, MIDOWEO, ORDIVORCEO (Write the word) (Month) (Day) (Year)	18 DATE OF DEATH (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Muy 12, 1913, to May 25, 1913, that I last saw h 2 allve on Muy 12, 1913
TAGE If LESS than 1 day,hrs. ORmin.? Concupation (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows: **Parallul disease Affection **Contributory Technistics** (Secondary) **The CAUSE OF DEATH* was as follows: **Parallul disease Affection (Duration) 3 yrs. mos. ds.
10 NAME OF FATHER SONT ROLL 11 BIRTHPLACE OF FATHER (State or country) dan ((Signed) (Ouration) yrs mos s. (Signed) , M. D. (Signed) , M. D. (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Love Lancour 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lancour Building Building Country	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death? Former or usual residence.
(Address) M. Slessont 15 Filed May 31, 1913 He. A. Buckey REGISTRAR If more blanks are needed, address State Registral	20 UNDERTAKER ADDRESS AUGUST CO., 1819.

17 1872

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. who receive a definite salary), may be entered as For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (e)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-losis of lungs, meninges, perifonacum, etc., Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUEBPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 de.; valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . cause of death approved by Committee on Nomencla-ACCIDENTAL, SUICIDAL, "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of or Homicidal, or as probably "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report



	PLACE OF DEATH 6588	STATE OF MARYLAND
	to do make	CERTIFICATE OF DEATH
Co	unty Malenty	139
	f / he !!	Registration Dist, No.
	Javillasville	[If death occurred in
V	ilage or City (No.	St.; Ward) a hospital or institution, give its NAME instead
	May Youthand	of street and number.]
	FULL NAME / / WY CONSUMM	/ Compac
		MEDICAL CENTIFICATE OF DEATH
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	X 4 COLOR OR RACE SHINGER, MARKED, MARKED	16 DATE OF DEATH
1	windweb, I wow the	(Month) (Day) (Year)
72	Write the word)	17 HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH CAS	000 23 1913, to May 17 , 1913.
	Nec 20, 1835.	that I last saw h S allye on May 19
	(Month) (Day) (Year)	that I last saw n
7 AC		and that death occurred on the date stated above, at
	vrs. H mos. A ds. orhrs.	The CAUSE OF DEATH * was as follows:
-		O Bluchon of The alles
0 (2)	Trade, profession, or Annalyses	4 cholemia
pai	ticular kind of work	
	General nature of Industry,	2000
	ness, or establishment in ch employed (or employer)	(Duration) yrs. mos. ds.
9 B	RTHPLACE 5	Contributory WWW Mal Number (Secondary)
(8	RTHPLACE (ate or country) Simply Ivania	Character Stermier 623 minute
	10 NAME OF	Co T. Mark X.
	FATHER IM KNOWN	(Signed) , Co contact, M. D.
S	11 BIRTHPLACE 2	May 19, 1813 (Address) Savillasvelles
Z	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, Or. In deaths from VIOLENCE
ARENT	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	OF MOTHER MILITOWN	
0		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs, mos, ds. State yrs, mos, ds
-		Where was disease contracted,
14-	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) (a. Courrei)	Former or usual residence
1	Sabrillasville MA	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address)	I lill ill load heart I
16	M. 11/	Jobillasulle Ma May I Jan 1913
Fi	1ed/May 19, 1913 O Series	20 UNDERTAKER ANDRESS
	REGISTRAR	Il I regge Thumowhile
	If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia mia," "Puerperal peritonitis," etc. childbirth or miscarriage. as "Purrement septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemla," "Weakness," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio--Hart fallure," "Haemorrbage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.: valvular heart disease; Chronic interstitial nephritis ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory Aiways qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: 01



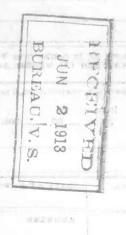
1 PLACE OF DEATH	STATE OF MARYLAND
County Frederick	6589 ERTIFICATE OF DEATH
0.	Registered No. 13.5
Village or City Line (No.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Stearge Mashi	ington Bliefenstaff of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH May 28 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from 224 2 7 1913, to 244 2 8 1913.
Month (Day) (Year)	that I last saw h. M. allve on Truey 28 ,1913
7 AGE If LESS than	and that death occurred on the date stated above, at 6. a. m.
7/ yrs. 4/ mos. 23 ds. OR mln.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	Convilsions Robers
(a) Trade, profession, or particular kind of work	Speliptie 1
(b) Beneral nature of industry, business, or establishment in which employed (or employer)	Periodically (Ouration) 8 yrs. mos. / ds.
9 BIRTHPLACE (State or country) Aniddlehavit Gueline	(Secondary)
10 NAME OF FATHER Elias Blickerstaft	(Signed) (Doration) yrs mos ds
0 11 BIRTHPLACE	May 18th, 1913 (Address) Wolfswille
OFFATHER (State or country) Frederica Can	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUEX; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a of MOTHER Catherine Heirlas	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Clisiter Bleekenstapp	Former or usual residence
(Address) Smithsburg Wash; Co	Melfarile May 30, 1913
Flied May 29th, 1913 Joshu M. Hoover	20 UNDERTAKER ADDRESS Bittle Bry Annu velo
If more highly are maded address State Daviets	and the late of the policy of the late of
II mote blanks are meeted, address State Begisti	ear, 6 m. Franklin St., Balto., Requesting v. s. Ns. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers been changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronia injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malk; ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; oma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



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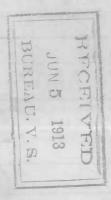
STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. inal A Box If death occurred in St.:...Ward) a hospital or institution. give its NAME Instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE WIDOWED, 2/6 (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 1913. to alive on (Year) If LESS than TAGE and that death occurred on the date stated above, at 1 dayhrs. DEATH* was as follows: OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) certifical 10 NAME OF FATHER of 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 1 OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) yrs. mos. .. State yrs. Where was disease contracted. OF DE If not at place of death? Every item CAUSE OF Important. usual residence. DATE OF BURIAL (Address)..... 15 20 UNDERTAKE ADDRESS REGISTRAD If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. .cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Mealthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples But in many For persons "Foreman."

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumomia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," "Old Age," "Shock." 'Traemia," "Weakness," such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "I'urrement septichacetc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing death), 29 affection need not be stated unless important. oma. Sarcoma, etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritiv nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malignation The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," Examples:



S. No. 1.

...

Co	PLACE OF DEATH 6591	STATE OF MAR CERTIFICATE OF Registration Dist	DEATH
V	2FULL NAME Richard Lamas	Brandenburg	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF I	DEATH
3 SE	Male What (Write the word)	16 DATE OF DEATH May (Month)	(Day) , 191 3
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I at	a start
	May 24 ,913	May 24 , 1913 to Mar	0,01, 191 3,
	(Month) (Day) (Year)	that I last saw h Malive on My	1 15 14, 1913
7 AC	yrs, mos, ds. ORmin.?	and that death occurred on the date stated at The CAUSE OF DEATH* was as follows:	pove, at 3 Q m,
(a) par (b) bus	CCUPATION Trade, profession, or ticular kind of work	()	yrs. mos 8 ds.
9 BI	RTHPLACE (site or country) Mond and	(Secondary)	yrs mos ds.
TS	10 NAME OF Like Brandubuses	(Signed) A. Ca. Lane May 24, 1913 (Address) Middle	eas . M. D.
PARENTS	OF FATHER (State or country) Monyland 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and (TAL, SUICIDAL, or HOMICIDAL.	deaths from VIOLENT 2) whether ACCIDEN-
14-1	of MOTHER and f. Water 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS) At place In the of death	STITUTIONS, TRANSIENTS. yrs,
	Muchaill	19 PLACE OF BURIAL OR REMOVAL	DATE OF GUILLIA
-	(Address)		Any 315 1912
15 Fil	ed May 39, 1913 Called Samuel Great REGISTAGE	20 UNDERTAKER	ADDRESS Truccille

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers the nature of the business or industry; and therefore an cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. statement. essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "Purrenal scotichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. nant ueoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of . ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AB probably "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report valvular heart discase; Chronic interstitial nephritis is less definite; avoid use of "Tumor" for mails The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the bead (secondary or intercurrent) (name origin; "Can death), 29 ds.: State cause for Examples:



PHYSICIANS should state of OCCUPATION is very RECORD of Information should be carefully supplied. AGE should be stated EXACTLY. DEATH in plain terms, so that it may be properly classified. Exact statement PERMANENT certificate. PLAINLY, WITH CAUSE OF Important. S

County...

PLACE OF DEATH	6592
Frederick	na
City Frederica	(No 22 W.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. / 3/

FULL NAME Mary Mo, Bruner

[It death occurred to a hospital or institution, give its NAME instead of street and number.]

J	11
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale Colored Single, Married, Wichwese Or Divorced (Write the word)	(Month) (Day (Tear)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
,0	May 19 12 1913, to May 20, 1913,
(Month) (Day (Year)	that I last saw har alive on May 20 , 1913.
7 AGE It LESS than	and that death occurred on the date stated above, at 4,30 pm,
89 yrs 5 mos 8 ds 0R mln.?	The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, or Mocese Wife particular kind of work	General Debility-(Senile)
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. 3 mos. ds.
*BIRTHPLACE (State or country) Mangland	Gontributory Cardeac Valvula Resign Secondary
10 NAME OF FRANCES Wheatons	(Signed) A Bourne M. D.
11 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
(State or country) Maryland 12 MAIDEN NAME OF MOTHER Mary Buckingham	TAL, SUICIDAL, OF HOMICIDAL,
13 BIRTHPLACE OF MOTHER (State or country) Magnetaury	At place in the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
(Interment) fames IX Brunes	Former or usual residence
(Address) Cast Fifth Ste.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 O. Se	Middletown May 23,1913
Filed Like May 1813 And Court	20 UNDERTAKER ADDRESS
REGISTRAR	Thomas J. Bice Frederick
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the cated thus: Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," write None. As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin

LENT DEATHS state MEANS OF INJURY and qualify as valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," cause for For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HECEIVED
JUN 5 1918
BUREAU, V. S.

FOR BINDING MARGIN RESERVED

V. 8. No. 1.

RECORD	PHYSICIANS should state t of OCCUPATION Is very
WRITE PLAINLY, WITH UNFADING INA-INIS IS A PERMANENI RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	ż

1 PLACE OF DEATH 6593	STATE OF MARYLAND CERTIFICATE OF DEATH
County Statement	Registered No. 131
Village or City Franch (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of sfreet and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWEO, OR DIVORCEO (Write the word)	16 DATE OF DEATH May 13 (Mostb) (Day) (Year) 17 HEREBY GERTIFY, That I attended deceased from
6 DATE OF BIRTH	
May 3, 1913 (Month) (Day) (Year)	that I last saw h alive on Sulf Lown, 191
7 AGE 11 LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
8 OCCUPATION (e) Trade, profession, or particuler kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory AMM AM (Secondary) (Duration) yrs mos ds.
10 NAME OF Hannoud Class	(Signed) L. H. Hedger, M. D.
11 BIRTHPLACE OF FATHER (State or country)	*Nay 13., 1913 (Address) Allews from Violent
OFFATHER (State or country) Andruck Co	CAUSES, state (1) MEANS OF INJUSY; and (2) Whether Accidental, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Synderick Md	At place in the of death yrs,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Annual Clary	Where was disease confrected, If not at place of death? Former or usual residence.
(Address) 5 th / Elen th Industrial	Mr Olivet Cometany may 12 1910
Filed May 13, 1913 Dr. Chan J ME Sandy REGISTERS	Me L'Etthison Inderiell Med
If more blanks are needed, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. applies to each and every person, irrespective of age. who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative heaithfulmine, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerpural septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malle Accidental drowning; Struck by railicay train-acci-Bronchopneumonia (secondary), 10 ds. Never report nent neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-For VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very A PERMANENT RECORD MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS

Prodonick 6594	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Montevue Modes 2FULL NAME Columbus Au	Pital St.; Ward) Granner Granner Granner Granner
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h has alive on Many 9, 1919
**SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE (State or country)	The CAUSE OF DEATH* was as follows: Operation Operation Operation Operation Contributory (Secondary) Operation Op
1D NAME OF FATHER COTULLIES CAROLINES 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME 12 MAIDEN NAME	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place of death
(Informant January Joseph) (Address) Moullour Joseph) 16 Elled 5/0 1645 & M Goodman	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS 19 ADDRESS
Filed ,1943 REGISTRAR If more blanks are needed, address State Regis trar,	Pulmon'ng Barton. Halkerswice

6504

[Approved by U. S. Census and American Public Health Association.]

- (a) Spinner, Grocery; (a) Foreman, (b) Automobile factory. tion is very important, so that the relative Realthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Mousewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childhirth or miscarriage. as "Purreman scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of haad-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never repor zer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," _ (name origin; "Can Examples:



S. No. 1.

PHYSICIANS should state of OCCUPATION is very

RECORD

1 PLACE OF DEATH 6595	STATE OF MA	RYLAND
Frederick,	CERTIFICATE C	F DEATH

Go	ounty Frederic	k.	1. 10	CERTIFICATE O	100
٧		Sanatorium,	. (No,	ulosis Sanatorium Registration Di	[if death occurred in a hospital or institution, give its NAME Instead of street and number.]
-	PERSONAL AND S	TATISTICAL PARTIC	ULARS	MEDICAL GERTIFICATE OF	DEATH
Male White 5 SINGLE, MARRIED, WIDOWEO, Married ORDIVORCEO (Write the word)				(Month)	31st, 1913 (Day) (Year)
6 D	ATE OF BIRTH		st., /884.	17 I HEREBY CERTIFY, That I May 14th, 1913, to May that I last saw him alive on May	7 31st, 191 3,
TAC		2 mos. –	If LESS than t day,hrs. ds. ORmin.?	and that death occurred on the date stated The CAUSE OF DEATH* was as lollows:	
pai (b) bus whi	General nature of Industry, Iness, or establishment in Inch employed (or employer)	Farm Laborer		Far advanced Pulmonary Tu (Duration) 2 Contributory Far advanced Pul (Secondary)	yrsds. monary Tubercu- losis.
PARENTS	10 NAME OF FATHER Cha 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	rles C. Cross	:	(Signed)	In deaths from Wasser
of Mother Maggie Harris, 13 BIRTHPLACE OF MOTHER (State or country) Texas, Md.				18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the Lifetime of death yrs, mos. 17 ds. State yrs, mos ds Where was disease contracted,	
	(Informant) Vincen		OWLEOGE	It not at place of death? Former or usual residence Texas, B Texas, Balti	
16 Fi	(Address) State	Sanatorium, M	tem. REGISTRAR	Texas, Md. 20 unoertaker M. L. Creager,	Unknown, 1913

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8, Census and American Public Health Association.]

duties of the household only (not pald Housekeepers minc, etc.: Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement the nature of the business or industy; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first fine will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has As examples For persons "Foreman,"

Statement of cause of death-Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Oroup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Turnperal scottchacdent; Revolver wound of head-homicide; Potsoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "TUERPERAL peritonitis," etc. mus," "Old Age." "Shock." Traemia," "Weakness." thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. cause of death approved by Committee on Nomencla. "Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Aser" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:



MARGIN RESERVED FOR BINDING

H. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Cou	PLACE OF DEATH 6596 Unity Frederick On the second of the	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 152
Vill	2FULL NAME Coma	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 DA	ATE OF BIRTH 4 COLOR OR RAGE MARRIED, WIDOWED, OR DIVORCED (Write the word) 4 19/2	16 DATE OF DEATH (Month) (Day (Year) 17 HEREBY CERTIFY, That I attended deceased from 1913, to May 9, 1913
7 A C	(Month) (Day (Year) It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 10 a.m. The CAUSE OF DEATH* was as follows:
(b) busi whice	Trade, profession, or ricular kind of work General nature of industry, iness, or establishment in ch employed (or employer) RTHPLACE (State or country)	Contributory (MMac Cistums Secondary
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 13 NAME OF 14 MAIDEN NAME 15 NAME 16 NAME 17 NAME OF 18 NAME 18 NAME 19 NAME 10 NAME 10 NAME 11 NAME 12 NAME 12 NAME 13 NAME 14 NAME 15 NAME 16 NAME 17 NAME 18	(Signed) (Duration) yrs mos ds. (Signed) (Address) Teldrick M. D. *State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 Clerick 15 Clerick 16 Clerick 17 Clerick 18	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piece In the ot death yrs, mos ds.
	(Informant) M. M. KNOWLEDGE	Where wes disease contracted, If not at place of death? Former or usual residence
16 File	REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 5 10
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Civil engineer, Stationary fireman, etc. But in many cated thus: causing death, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report sepsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the details essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

Z UZ

6 1913

Resent to be

AUG 4 1913
BUREAU. V.S.

V. S. No. 1.

1 PLACE OF DEATH 6597	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
	Registration Dist. No.
2 FULL NAME Bertha M	give its NAME Instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Gennale Colored (Write the word)	16 DATE OF DEATH Monthy (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Sefa 6, 1887 (Month) (Day (Year)	Upril 22, 1913, to May 14 5, 1913, that I last saw h & allve on May 14 5, 1913,
7 AGE If LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work Clausteer Moaid (b) General nature of industry, business, or establishment in Moatel **BIRTHPLACE** (State or country) **BORTHPLACE** (State or country) **BORTHPLACE** (State or country)	Contributory Cardiae Failur Secondary
10 NAME OF FATHER Weaver a Quant 11 BIRTHPLACE OF FATHER (State or country) Manyland 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Mo anyland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs mos ds. State cyrs mos ds Where was disease contracted, for at place of death? for all place of death for all place of death? for all place of death
(Address) 116 Vce St.	Former or usual residence. For the Ta 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Security Company 16, 1913.
Filed 6 , 191 REGISTRAR If more blanks are needed, address state Regi	20 UNDERTAKER ADDRESS Thomas T. Reise Frederick, strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write None. As examples: "Foreman,"

pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) brospinal meningitis"); Diphtheria term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to lcsis of lungs, meninges, peritonaeum, etc., ("Pneumonia," fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never unqualified, is indcfinite): Tubercureport "Typhoid (avoid use of Carcin-

> mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report cause for



B.—Every item CAUSE OF

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state Very

PHYSICIANS should of OCCUPATION IS

RECORD

	²FUI					
	PERS	ONAL AND	STATISTIC	CAL P	ARTICULA	RS
3 SE	x Male		r or race	WID	DIED -	vorce
8 D	ATE OF BI	тн .				
		Se	eptembe (Month)		18th,	, 1 (Ye
7 A C) E	36 yr	s. 8 ?	,mos,	ds.	f day,
(a) par (b)	Trade, profess ticular kind of General natur	ion, or worke of Industry,	Barte	nder	•	*********
(a) par (b) busi whi	Trade, profess ticular kind of	ion, or worke of Industry, ablishment in or employer)			•	
(a) par (b) busi whi	Trade, profess ticular kind of General natur ness, or est ch employed (ion, or worke of Industry, ablishment in or employer) atry)	Barte Engla	nd		
(a) par (b) busi whi 9 BI (S)	Trade, profess ticular kind of General natur ness, or est ch employed (in RTHPLACE tate or cour 10 NAME FATHE	ion, or worke of industry, ablishment in or employer) atry) OF ER Ma	Engla	nd egna		
(a) par (b) busi whi 9 B1	Trade, profess ticular kind of General naturness, or est chemployed (RTHPLACE tate or court 10 NAME FATHE OF FA (State	on, or work	Englaathew D	nd egma		is
ARENTS in the stand of the stan	Trade, profess ticular kind of General naturness, or est chemployed (RTHPLACE tate or court 10 NAME FATHE 11 BIRTH OF FA (State 12 MAIDE OF MO	or, or work	Englaathew D	nd egma nd	ın	is

(Year) If LESS than f day,....hrs. OR min. ?

REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Belto., Requesting V. S. No. 1.

 $^{\scriptscriptstyle 1}$ PLACE OF DEATH 6598

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 139

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH May	10th , 1913. (Day) (Year)
17 I HEREBY CERTIFY, Th.	at I attended deceased from
April 9th, 1913 to	May 10th, 1913
that I last saw h <u>im</u> allve on	
and that death occurred on the date sta	ted above, at 5:10 Pm
The CAUSE OF DEATH* was as follows	s:

Pulmonary Tube	rculosis

(Duration)	2yrsmosds
Contributory	
(Secondary)	······
(Duration)	yrsds
(Signed)	ISG N.
May 10th, 191.3 (Address) Sta	
*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.	or, in deaths from VIOLENT and (2) whether ACCIDEN-
18 LENGTH OF RESIDENCE (FOR HOSPITA	LLS, INSTITUTIONS, TRANSIENTS
At place in the	ie.
of death yrs. 1 mos. 1 ds. Sta	te5 yrs mos da
Where was disease contracted. Probab	ly at work
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cumberland. Md.	Unknown , 1913
20 UNDERTAKER	ADDRESS
M. L. Creager,	Thurmont, Md.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has As examples: For persons

Statement of cause of death—Name, first, the dibease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purerenal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," oma. Sarcoma. etc., of .. "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid--probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably -Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis mant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), (Recommendations on statement of may be stated under (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds. State cause for the head Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HECEIVED
JUN 2 1918
BUREAU, V.S.

MARGIN RESERVED FOR BINDING

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

County Huderick 6599	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 144
Village or City Gracelan (No	St.; Ward) St.; Ward) St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May (Month) (Day) (Year)
DATE OF BIRTH March 24, 1898 (Month) (Day) (Year)	that I last saw has all son May 30, 1913,
AGE If LESS than 1 day, hrs. 2 mos. 6 ds. OR min.?	and that death occurred on the date stated above, at 1280 Pm, The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work	Juliania julia entoro
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs, mos. ds.
BIRTHPLACE (State or country)	(Secondary) (Duration) yrs mos ds.
10 NAME OF FATHER Jan DE Lashmut- 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) , M. B. (Signed) , 1913. (Address) , M. B. State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Munic Bunfiles 10 Country	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Mes Conners Taves	Where was disease contracted, If not at place of death? Former or usual residence
6 Flied May 3/, 1913 Ama M. REGISTRAR	PLACE OF BURIAL OR REMOVAL Thurmont Ind 20 UNDERTAKER ADDRESS Thurmont Ind
// If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by. U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the material worked on may form part of the second Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscis of lungs, meninges, peritonaeum, etc.. Carcinoscis of lungs, meninges, peritonaeum, etc..

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purspread septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vic-Bronchopneumonia (secondary), 10 ds. cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 State cause for "Exhaustion, Never report Examples:



BINDING ERV MARQIN

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YSICIANS shou RECORD FNT ERMAN classified O properly supplied pe may = 80 jo back terms, pino of information si EATH in plain se instructions o PLAIN of DEA Every Item CAUSE OF Important. 8 z

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St.:....Ward) a hospital or institution give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. (Mare. WIDOWED, ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) If LESS than 7 AGE and that death occurred on the date stated above, at 1-30 10m. 1 day.....hrs. The CAUSE OF DEATH* was as follows: OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work esions & ateriors (b) General nature of industry, business, or establishment in (Duration) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE FNT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDEN-PAR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death Yrs. mos. Where was disease contracted. 14 THE ABOVE IS TRUE If not all place of death? Former or usuai residence. 15 ADDRESS REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the diberal Causing death—Name, first, the diberal causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Purreman schtichae. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age." "Shock." -Heart failure," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "Traemia," "Weakness," (name origin; "Can Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 6 1913

BURDAU, V. S.

B.

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1 PL	ACE OF DEATH	CCO.	1 011	STATE OF M	ARYLAND	
County Frederick 6601			1-110	CERTIFICATE	OF DEATH	
			1	Registration	Dist. No. 13	
				St.;Wa	give its NAME instead of street and number.]	
PERS	SONAL AND STATISTIC	CAL PARTICUL	ARS	MEDICAL CERTIFICATE	OF DEATH	
3 SEX	4 COLOR OR RACE	5 SINGLE,		16 DATE OF DEATH	24th., 1913.	
Female	White	ORDIVORCE MA	rried	(Month)	(Day) (Year)	
6 DATE OF BII		7th.		May 21ste, 1913., to May that I last saw h er allve on Ma	y 24th., 1913.	
7 AGE	47 yrs. 6		if LESS than f day,hrs.	and that death occurred on the date state. The CAUSE OF DEATH* was as follows:		
OCCUPATION (a) Frade, profession, er particular kind of work. (b) General nature of industry,				Pulmonary Tuberculos		
business, or esta	ablishment in or empleyer)			(Ouration) .2	(. ?.) yrsds	
9 BIRTHPLACE (State or coun				Gontributory (Secondary)	yrs mos ds	
10 NAME (OF			(Signed)	steg, M. D.	
Y 11 BIRTHI	PLACE THER country) Germany			May 24 th., 191 3. (Address) State		
OF 12 MAIDER	NAME OTHER Eliabeth	Shafer		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS		
13 BIRTHPLACE OF MOTHER (State or country) Garmany				At place in the ot death yrs. mos. 4 ds. State		
	IS TRUE TO THE BES		LEDGE	Where was disease contracted, If not at place of death? Probably a	t-home.	
(Address)	1331 Mt. Roy	al Ave	•	usual residence. 1331 Mt. Royal 19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL	
Filed May		1. Ste	Mes	Baltimore Maryland,	Unknown, 191 8	
-1-	· · · · · · · · · · · · · · · · · · ·		REGISTRAR	M. L. Craeger.	Whymont Md.	

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

BINDING

WASSIS BEGERAVER

[Approved by U. 8. Census and American Public Health
Association.]

statement. Never return "Labored," "Foreman," "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Geocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the For persons

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause. Always qualify all diseases resulting from ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purpresal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as -Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can Examples: For vio-



RECORD PERMANENT BINDING ESERVED UNFADING a AINL

CERTIFICATE OF DEATH County. PHYSICIANS should of OCCUPATION IS Registration Dist. No. Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SEX 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day. hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION AGE (a) Frade, profession, or particular kind of work (b) General nature of industry. business, or establishment in gdns may which employed (or empleyer) certificate. 9 BIRTHPLACE (Secondary) (State or country) that 10 NAME OF FATHER (Signed) 0 back 11 BIRTHPLACE . 131 (Address) terms, ARENT OF FATHER (State or country) pinoda *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENuo 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain OF MOTHER Instructions Information 0. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) OF MOTHER (State or country DEATH In At place Where was disease contracted. KNOWLEDGE See If out at place of death? of E OF Important. Address) Every 15 20 UNDERTAKER m REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

Ilf death occurred in

1915

(Year)

a hospital or institutico.

give its NAME instead of street and number. 1

(Day)

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulminc, etc. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the distance cause of death—Name, first, the distance cause of death—Name, first, the distance cause to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Purrperal schiichacture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asdent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic which surgical operation was undertaken. -Hart fallure," "Haemorrhage," "Inanition," "Maras Bronchopncumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for mall; oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 de.; "Exhaustion," Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

The second



BINDING FOR MARGIN RESERVED

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of &CCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

	PLACE OF DEATH 6603	STATE OF MARYLAND
Col	into Fredly.	CERTIFICATE OF DEATH
		Registration Dist, No. 140
Vill	age or City / to vastino ru	St.; Ward) [It death occurred in
		give its NAME instead
	FULL NAME Arthur	zroy Ceffer of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	X 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
4	MARRIED WIDOWED OR DIVORCED	Month) (Day (Year)
-	Tale Whele Write the words	17 I HEREBY CERTIFY, That I attended deceased from
O DA	TE OF BIRTH	May 5- 1913 to may 23, 1913,
	Month) (Day (Year)	that I last saw harman alive on Miles 22 , 1913
TAC		
	1 day,hrs.	and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows:
	yrs mos de ds. OR min.?	0 1.1
	Trade, protession, or	Celluliti- follows by Advisers
	ticular kind of work	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(b)	General nature ot Industry, ness, or establishment in	
whic	h employed (or employer)	(Duration) yrs. 4 mos. / ds.
	RTHPLACE (State or country)	Contributory
	md.	(Duration)yrsmosds.
	10 NAME OF FOTHER 1 7 1 9	(Signed) & A. S. teuth M. D.
S	Hovey JY, Coffee	
Z	OF FATHER (State or country)	May 23, 1913. (Address) Woodsboad Mide
ARENTS	12 MAIDEN NAME	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PA	OF MOTHER	16. SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place In the ot death yrs, mos ds. State yrs, mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	V9 1. 7 61 9 11	If not at place of death?
(Intermant) 1000 18 1000 1000	bsual residence.
	(Address). X Elyone Janol	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	0 1/6 -01	Oak Hill may 24, 1913
File	may 2493 5, 6 Powel	20 UNDERTAKER ADDRESS
	REGISTRAR	Sharetto Howell It and he
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekcepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Contributory." Accidental drowning; Struck by railway train—acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

	RECORD	PHYSICIANS should state of OCCUPATION is very	
1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.	3 7 8 VINLAND Q
MARGIN	WRITE PLAINLY, WITH U	Every item of information should be oarefully sur CAUSE OF DEATH in piain terms, so that it millimportant. See instructions on back of certificate.	
V. S. No. 1.		N. B.—Every ite CAUSE C Important	18

Village or City Sabillasville (No. 2 FULL NAME Charles Lester	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 139 St.; Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Ahite Single, Married, Middle Orbivorced (Write the word) 8 DATE OF BIRTH May 12, 1913	18 DATE OF DEATH (Month) (Day) (Year) 17 (HEREBY CERTIFY, That I attended deceased from 1913, to 1913, to 1913, that I last saw have alive on 1913.
7 AGE (Month) (Day) (Year) 1 LESS than 1 day, hrs. 0 cr. min.?	and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) **Tradevice** **May land**	Contributory (Secondary) (Duration) yrs. mos 2 ds. (Duration) yrs. mos 2 ds.
10 NAME OF ROSCOE L. Eyler 11 BIRTHPLACE OF FATHER (State or country) Foldruck Gs. Md 12 MAIDEN NAME OF MOTHER Beulah R. Kire	(Signed)
of Mother Soulah R. Myre 13 BIRTHPLACE OF MOTHER (State or country) Folderick Co, Md 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE' (Informant).	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Sabillasville Ma 15 Filed May 25', 1913 Officers REGISTRAR If more blanks are needed, address State Registra	19 PLACE OF BURIAL OR REMOVAL Mag. 26, 191.3 20 UNDERTAKER ADDRESS Thursont Md. r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Realthfui-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, (b) return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned mia," "PUEEPERAL peritonitis," etc. childbirth or miscarriage, as "Pubbrebal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mereiy symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Meastes; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for or as probably Never report Examples:



Registered No. OCCUPATION PHYSICIANS a hospital or institution, RECORD give its NAME instead of street and number.] CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS ERMANENT 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. Write the word) That I attended deceased from 6 DATE OF BIRTH 4 (Month) (Day) (Year) and that death occurred on the date stated above, at /2:15 P.m. 7 AGE If LESS than 1 day,hrs. The CAUSE OF DEATH* was as follows: OR 7 8 OCCUPATION prope (a) Trade, profession, or business, or establishment in O which employed (or employer) UNFADIN 9 BIRTHPLACE (State or country) (Secondary 10 NAME OF 0 50 11 BIRTHPLACE ARENT OF FATHER (State or country) Estate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. ds. State yrs mos. (State or country Where was disease contracted. If not at place of death? WRITI A Former or OF usual residence Every Item CAUSE OF Important. OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

6605

STATE OF MARYLAND

DEATH

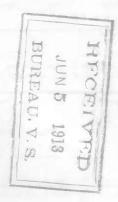
CERTIFICATE OF

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Gracery: (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Purpreral septicharcause. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not he stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms) : Mcasles; Whooping cough; Chronio mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. oma. Sarcoma. etc., of is icss definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples: cause for For vio-



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6606 County Fuduich

STATE OF MARYLAND CERTIFICATE OF DEATH

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FULL NAME OWN ASA	MEDICAL CERTIFICATE OF
	rid Garter
Village or City Daysville (No. noanh	alkerntle st; Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SE	ale white (Write the word)	16 DATE OF DEATH Month (Day) (Year) 17 I HEREBY CERTIFY, That I attended decessed from
DA	(Month) (Day) (Year)	Cope. 25, 1913, to May 2, 1913, that Plast saw h man allve on May 2, 1913.
AG	E If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at // 34/5
(a) psri	Trada, profassion, or Italian fundamental	Lotar Juliumoura
busin	Beneral natura of industry, ess, or autablishment la th emplayed (or amployer)	(Duration) yrs. mos. S. ds.
	ate or country) Friederick Co.	Contributory(Secondary) (Duration)yrsmosds.
11 BIRTHPLACE OF FATHER (State or country) Frederick Ceo.		(Signed) o septe It Joury M. D. May 2, 191 3. (Address) Malhusville
		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
4	13 BIRTHPLACE OF MOTHER (State or country) Judicick leo.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of daath
	Informant) Summe B Suntan	Where was disaasa contracted, If not at place of death? Former or asoal residence
15	(Address) Trullinche 701d.	DATE OF BURIAL OR REMOVAL DATE OF BURIAL 2013
File	may 3/2, 1913	20 UNDERTAKER ADDRESS, Ind.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Gröcery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the niseass Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," 9

> valvular heart disease; Ohronio interstitial nephritis. sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT NEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malleoma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RYCELVED
JUN 3 1918
BUREAU, V. S.

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PLACE OF DEATH	
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6607

County Frederick.

Village or City State Sanatorium, (No.

7 ST

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 15/

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Chesley Goldsmith,

3 SEX 4 COLOR OR			
Male White	RACE SINGLE, MARRIEO, WIOOWEO, OROIVORGEO (Write the word)	e May 13th , 1913. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from	
	erch 21st , /	April 30th, 193 to May 13th, 1913	
7 AGE21yrs		and that death occurred on the date stated above, at 5:10 A.m., in.?	
e occupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)		Pulmonary, Lymphatic and Laryngeal Tuberculosis (Ouration) 3 yrs. mos. ds.	
9 BIRTHPLACE (State or country)	ryland	Contributory (Secondary) yrs mos ds.	
10 NAME OF ROBERT Goldsmith		(Signed) , M. D.	
OF FATHER (State or country) Ma	ryland	May 13, 191 3 (Address State Sanctorium, Md. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident	
(State or country) Ma 12 MAIDEN NAME OF MOTHER AM	na Hill	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TO ANGLE	
13 BIRTHPLACE OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		At place of death yrs mos. 14 ds. State yrs mos ds.	
(Informant). Chesley		Where was disease contracted. Probably at home if not at place of death? Probably at home Former or usual residence Newport, Md.	
(Address) Newpo	rt, Md.	Newport, Md. Unknown 1912	
Filed May 14, 1913) A Slew REGI	20 UNDERTAKER ADDRESS	

[Approved by U. S. Census and American Public Health
Association.]

additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Realthfulwho have no occupation whatever, write None. mine, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," The (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decision with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "I'uerperal scotichacgenital," "Senile," etc.), cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . ture of the American Medical Association.) "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions." "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all discases resulting from may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: of



BINDING FOR RESERVED MARGIN

DERMANENT RECORD sted EXACTLY. PHYSICIANS should stste Exact statement of OCCUPATION is very	7 3 SE	PLAGE County I PLAGE
AK-THIS IS A I AGE should be stu properly classified.	(a) par (b) busi whi	CCUPATION Trade, protession, or ticular kind of work General nature of indus iness, or establishment ch employed (or employe RTHPLACE tate or country)
WRITE PLAINLY, WITH UNFADING II B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.	PARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or countr 12 MAIDEN NAM OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)
WRITE N. B.—Every item of inf CAUSE OF DEAT Important. See in		(Informant) (Address)

	1 PLACE OF DEATH unty Isederich ilage or City Isederich (No. 2 FULL NAME Levels Lee	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 131 St.; Ward) St.; Ward) Fit death occurred in a hospitel or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE		16 DATE OF DEATH (Mosch) (Day) (Year) 17 I HEREBY CERTIFY That I attended deceased from
8 p	TE OF BIRTH	May 1913, to 2004 3 , 1913,
	(Month) (Day) (Year)	that I last saw hand alive on Many 2 1913
7 A C	It LESS than 1 day,hrs.	and that death occurred on the date stated above, at
(a) par (b) busi whi	Trade, protession, or ficular kind of work. General nature of industry, ness, or establishment in the employed (or employer)	(Ouration) yrs. mos 2 us.
(St	10 NAME OF FATHER	(Secondary) (Duration) yrs mos 4 ds. (Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) Frederick		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PAR	13 BIRTHPLACE OF MOTHER (State or country) Frederich	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death
(Informant) erone Lahu		Where was disease contracted, If not at plece of death? Former or usual residence
15 File	(Address) Wessuer St. May 4, 1913 Dacling James Grandy Registrans	19 PLACE OF BURIAL OR REMOVAL May 4, 1913 20 UNDERTAKER ADDRESS Trederick May To Be Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the bisrass Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question material worked on may form part of the second (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciascpsis, tetanus) by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Deblity" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of .. ture of the American Medicai Association.) "Contributory." injury, as fracture of skuil, and consequences (e. g., mere symptoms or terminal conditions, such as "Asis less defiulte; avoid use of "Tumor" for mails: The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the



V. S. No. 1.

state very

	unty Wedsteest	Registration Dist, No. 131
Vill	Proderich (No. 403, C	give its NAME Instead
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	Sale White (Write the word)	(Montely (17ay (1ear)
Di	ATE OF BIRTH African Control (Day (Year)	that I last saw h Analive on Manager 1913.
A	()	and that death occurred on the date stated above, at 745.10 The CAUSE OF DEATH* was as follows:
(a) par (b)	CCUPATION) Trade, profession, or Roal Road, House ricular kind of work. General nature of industry,	Mithal Myuyutan
Whi	iness, or establishment in ch employed (or employer) RTHPLACE (State or country)	Contributory Columnia Secondary
TS	10 NAME OF FATHER Couries Hall 11 BIRTHPLACE	(Signed) (O(ration) yrs mos M.
PARENT	OF FATHER (State or country Manyland 12 MAIDEN NAME OF MOTHER ADO NOT benaue	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, OF HOMICIDAL. 1BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT
4 _T	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death 2 yrs mos ds. State 33 yrs mos. 23 Where was disease contracted,
	(Intermant) Calvin Hall (Address) Pearl Freedhlo.	If not at place of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(Address).	Mot. Connel Com May 6, 1913 20 UNDERTAKER ADDRESS

6609

STATE OF MARYLAND

CERTIFICATE OF DEATH

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, ctc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, cated thus: CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, many occupations a single word or term on the If rethred from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoucisis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. cause of death approved by Committee on Nomenciadent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," State cause for Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HECETVED
JUN 5 1918
BUREAU, V. S.

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RECORD PERMANENT INK-THIS UNFADING PLAINLY,

PHYSICIANS should state of OCCUPATION is very Exact statement AGE should be stated EXACTLY. properly classified. carefully supplied. that it may be certificate. See instructions on back of of Information should be DEATH in plain terms, so N. B.—Every Item CAUSE OF important.

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1 PLACE OF DEATH	
PLACE OF DEATH	66
nty MERCHAN	

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

.St.;....Ward)

[It death occurred in a hospital or Institution, give its NAME Instead of street and number.]

FULL NAME STYN NEW STYN STYN STYN STYN STYN STYN STYN STYN			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 5 5	ACOLOR OR RACE S SINGLE, MARRIEO, WIDOWEO, OR OFFOTORCEO (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 Pho I HEREBY CERTIFY That I attended deceased from	
8 D	ATE OF BIRTH	May 1 1913, to may 28, 1913.	
	(Month) (Day) (Year)	that I last saw ham allve on may 27 1913	
7 A C	If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at	
(a) par	Trade, profession, er ticular kind of work		
bus	General nature of industry, Me autimus Mosfith ness, or establishment in the employed (or employer)	Contributory Pulsuon ay Hacusonhage	
(Si	ate or country) ale Kipt Know	(Secondary) (Duration) yrs mos ds.	
	10 NAME OF FATHER	(Signed) The Forace, M. D.	
NTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT	
12 MAIDEN NAME OF MOTHER		CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDEN- TAL, SUICIDAL, OF HOMICIDAL.	
0	13	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	13 BIRTHPLACE OF MOTHER (State or country)	of death yrs. 0 mos. 9 ds. State yrs. mos. ds	
100	(Informant)	Where was disease contracted, it not at place of death? Former or usual residence.	
	(Address) - Monday VE 00	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
15	67-20 5 8m Grade	Greensourt Con May 30, 1913. 20 UNDERTAKER ADDRESS	
FI	ed 5/29, 1918 M Foodsuser REGISTRAR	Thomas To This The de mile	

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

efirst line will be sufficient, e. g., cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salcsman, Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "Puerperal scptichae etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock." "Traemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions." "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial aephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples: 0



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

Co	PLACE OF DEATH Dunty Frederick 6611	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 14 G	
Vi	Hage or City Climsonville (No. 2 FULL NAME Phorles S. The	St; Ward) [If death occurred is a hospital or institution give its NAME instead of street and number.]	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH	
3 SE	usle while (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 O I HEREBY CERTIFY, That I attended deceased from	
6 p/	May 12, 1842 (Month) (Day) (Year)	that I last saw h im allocon May 3, 1913	
7 A C	7 0 yrs 11 mos 23 ds. OR min.?	and that death occurred on the date stated above, at	
(a) par (b) busi whi	CCUPATION Trade, profession, or Trade, profe	(Buration) 27 yrs. 7 mos. 7 ds Contributory (Secondary) (Duration) 9 yrs. mos. ds	
	10 NAME OF Thos Storton	(Signed) Legg M. (Mary S., 1913 (Address) Using Budge and	
STNE	of father (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT	
PARENTS	OF FATHER 2.	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs	
PARENT	(State or country) ML. 12 MAIDEN NAME Catherine Baulsey 13 BIRTHPLACE	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place	

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. the nature of the business or industry, and therefore an material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the "Contributory." dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aectsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis mere symptoms or terminal conditions, such as "Asnant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or Intercurrent) is less definite; avoid use of "Tumor" for mailg. tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Never report Examples: For vio-



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PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. Exact stated classified. 4 should properly AGE supplied. be UNFADING may certificate. carefully that it 80 o pe back terms, should of Information s DEATH in plain See instructions In plain PLAINL Item OF Every Item CAUSE OF Important.

state Very

6612 1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Write the word) 8 DATE OF BIRTH (Month) (Day) If LE 7 AGE 1 day, 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in

9 BIRTHPLACE (State or country)

ARENT

15

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

OF MOTHER (State or country 14 THE ABOVE IS TRUE TO

OF MOTHER

OF FATHER (State or country)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St .:---.....Ward)

[If death occurred in a hospital or institution. give Its NAME Instead of street and number.]

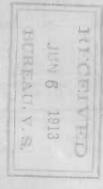
SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h [1913] to may 19, 1913,
If LESS than 1 day,hrs. ORmin.?	The CAUSE OF DEATH* was as follows:
ssion, or of work.	
ure of Industry, stablishment in (or employer)	(Ouration) yrs. // mos. ds.
Inefand	Contributory (Secondary) (Duration)yrsmosds.
FOR not Through	(Signed) 67. Grodece, M. D. 57/9, 1913 (Address) Dudwitt, Md
e or country) Note Thispure	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
MOTHER Mol Manager	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OTHER OF COUNTRY STEEL OF MY KNOWLEDGE	At place of death yrs mos ds. State yrs mos ds Where was disease contracted,
Samuel M. Gorga	If not at place of death? Former or usual residence.
ss) Thomas Hospital	Prospect ME Central May 150., 1913.
9 1913 XM Loodman REGISTRAR	To Obendepper How Fred, City Wed
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise spect-CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. Houscwife, Housework, or At Home, and children, not (a) Spinner, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The quastion tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

genitai," mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purreman septichaecause of death approved by Committee on Nomencla "Contributory." LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the -Hart failure," "Hacmorrhage," "Inanition," "Maras "Collapse." "Coma," "Convultions." "Debility" ("Con thenia," "Anaemia" (mereiy symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of __ er" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock." Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," 'Traemia," "Weakness," (name origin; "Can State cause for death), 29 ds. Examples:



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While Teamer, with control of the co	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.	
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Go		ce of Death	6613	STATE OF MAR CERTIFICATE OF Registration Dis	F DEATH
Vi				St;Ward)	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSO	NAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 SE	x	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED MARRIED (Write the word)	16 DATE OF DEATH (Month) 17 HEREBY CERTIFY, That I	(Day) , 191.3.
8 D.	ATE OF BIRT		255.	April 9th., 1913 to May 754 1913.	
7 AG	7 AGE It LESS than 1 day,hrs. 33 yrs. 6 mos. 78 ds. ORmin.?			and that death occurred on the date stated a The CAUSE OF DEATH* was as follows:	,
(a) par	ticular kind of W General nature o	or Clothing Sork		Pulmonary Tuberculosis.	
business, or establishment in Clothing Store which employed (or employer) BIRTHPLACE (State or country) Maryland				Contributory (Secondary) (Duration) yrs. mos. d	
	O 11 BIRTHPLACE		(Signed)	USSy	
			*State the DISEASE CAUSING DEATH, or, is CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, or HOMICIDAL.		
PARENT	12 MAIDEN OF MOT		antz	18 LENGTH OF RESIDENCE (FOR HOSPITALS, I	
	13 BIRTHPL OF MOTI	ACE HER Country: Maryland		ot death yrs. 1 mos./ ds. State	ifetime yrs ds
	(Intormant)	F. W. Krause	T OF MY KNOWLEDGE	Where was disease contracted, it not at place of death? Probably at Former or usual residence 1736 E Federal S	
15	(Address) -	1736 E. Fed	leral St., Balto., 1	d. 19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	m. 9	16, 1012. 6.	Notten-	20 UNDERTAKER	ADDRESS

REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

M. L. Craeger

Thurmont, Md

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the husiness or industry; and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative sealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," . "Foreman." If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

which surgical operation was undertaken. For viomia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage. as "Turreman schilchac etc., when a definite disease can be ascertained as the mus," "Old Age." "Shock." 'Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. . Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . "Contributory." by carbolic acid—probably suicide. The nature of the dent; Revolver wound of haad-homicide; Potsoned Accidental drowning; Struck by railway train-acci-"li part failure," "Haemorrhage," "Inanition," "Maras valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malls Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent Measles (disease causing death), 29 Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head . (name origin; "Can State cause for



PLACE OF DEATH 6614	STATE OF MARYLAND
Truck de 'B	CERTIFICATE OF DEATH
Gounty Transcription	Registration Dist. No.146
Village or Cityman Middleburg (No. 2FULL NAME Mayner R. M.	St.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIEO, Marrie Widowed, ORDIVORCED (Write the word)	DATE OF DEATH May 41th, 191-
6 DATE OF BIRTH Way 4	17 I HEREBY CERTIFY, That I attended deceased fro
7 AGE If L	that I last saw h
** OCCUPATION (a) Trade, protession, or particular kind of work. **Trade, protession, or protession, or particular kind of work. **Trade, protession, or protession, or particular kind of work. **Trade, protession, or particular kind of work. **Trade, protession, or p	Expertise with
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Live Hrant
9 BIRTHPLACE (State or country) 10 NAME OF FATHER (& .)	and. Secondary (as alon) 2 yrs mos
The Americans & P. Wiles 11 BIRTHPLACE OF FATHER (State or country) Frederick Co., Mr.	5-6-1913 (Address) Union Pandge A
12 MAIDEN NAME OF MOTHER Sarah & Humme	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OF RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Firederick Co. Mo	At nigre
(interment) Rev. Charles P. Wiles	If not at place of death? Former or usual residence.
(Address) 1424 arch St., Phila, Pa 16 Filed May 4, 1813 D. C. Grossnich	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 7, 191 20 UNDERTAKES ADDRESS
Kocal Regis	ate Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

6614

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm-laborer, Laborer-Coal cated thus: should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional liuc is provided for the latter statement; the nature of the business or industry, and therefore an it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of ture of the Americau Medical Association. cause of death approved by Committee on Nomeuclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canaffection need not be stated unless important. Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustiou," For VIO-



ery WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

BINDING

FOR

RESERVED

MARGIN

County Station	CERTIFICATE OF DEATH Registered No. 44 To
Village or City Sunswitch	St; Ward) a hospital or institution give its NAME inster
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
**SEX ** COLOR OR RACE ** MARRIED, MIDDENCE OR DIVORCED OR DIVORCE	(Month) (Day) (Year) 17
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. d Where was disease contracted, it not at place of death?
(Address) Brunswick Med (Address) Brunswick Med Filed, Med, 26, 1913 ocoin Wasy	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Saylvistour Wa May 27, 191.2 20 UNDERTAKER, ADDRESS

STATE OF MARYLAND

6615

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples (a) Spinner, (b) Cotton mill; (a) Salesman, (b) cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcopers fication, as Day laborer, Farm laborer, Laborerstatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second additional line is provided for the latter statement; Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Purreral septichaeample: Measles (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlie," etc.), (Recommendations on statement of "Dropsy," etc. State (name origin; "Can-"Exhaustion," Examples: cause for For VIO-



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Information

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PHYSICIANS should state Village or City PERSONAL AND STATISTICAL PAR statemen 5 SINGL 3 SEX 4 COLOR OR RACE MARRI WIDOW ORDIV Exact 6 DATE OF BIRTH ciassified. (Month) 7 AGE properly BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, be business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) that 10 NAME OF FATHER 20 0 PARENTS OF FATHER (State or country) on back 12 MAIDEN NAMES piain See instructions of information DEATH in p 13 BIRTHPLACE OF MOTHER (State or country) Every item CAUSE OF important.

1 PLACE OF DEATH

6616

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting . S. No. 1.

STATE OF MARYLAND

1 10	CEI	RTIFICATE	OF DEATH
	N)	Registe	red No. 148
4		11081011	
(No		St;War	a nonhiter of inditionally
& and	Lindson		give Its NAME instead of street and number.
x au	Kudsay		
TICULARS	MEDICA	AL CERTIFICATE	OF DEATH
ED. US	16 DATE OF DEATH	May	2/,1913
the word)	17 & HERE	(Month)	(Day) (Year)
	06.01		L/ 1913.
29 , 1840		- Andrews	
Day) (Year) If LESS than		7	1913
1 day,hrs.			above, at //: 40 Pam.
/ ds. OR min. ?	The CAUSE OF DEATH	* was as follows:	
,	White State of	Ducase	***************************************
w	***************************************	***************************************	***************************************

		(Duration)	yrsds.
1	(Secondary)		***************************************
<u>C</u> .	1	(Duration)	yrsmosds.
1) (deceased)	(Signed)	agarre	, M. D.
	may 23, 1913	(Address)	wille Off
ed.	*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, or HO:	CAUSING DEATH, or, ANS OF INJURY; AD MICIDAL.	In deaths from VIOLENT d (2) whether ACCIDEN-
eras (")	18 LENGTH OF RESIDE	NCE (FOR HOSPITALS	INSTITUTIONS, TRANSIENTS.
/ /	OR RECENT RESIDENTS	in the	
uss .	of death yrs mo Where was disease contracted		yrs mos ds.
KNOWLEDGE	if not at place of death?		***************************************
eleg,	Former or usual residence	***************************************	
infer med		OR REMOVAL	DATE OF BURIAL
man man man	R-1012 00	and	May -25-, 1913.
2	20 UNDERTAKER	The state of	ADBRESS
REGISTRAR	6.7n.	vale	Winheld med

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[Approved by U. S. Census and American Public Health Association.]

. first line will be sufficient, e. g., Farmer or Planter, of persons engaged in domestic service for wages, as who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho receive a definite salary), may be entered as mine, etc. it should he used only when needed. As examples: additional line is provided for the latter statement; For many occupations a single word or term on the applies to each and every person, irrespective of age. material worked on may form part of the second (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head such, if impossible to determine definitely. mia," "PUEBPEBAL peritonitis," etc. State childbirth or miscarriage, as "Puepperal septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ample: Measics (disease causing cer" is less definite; avoid use of "Tumor" for mallg oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name orlgin; "Can-The nature of the death), 29 ds.; "Exhaustion," Examples: cause for For vio-



N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See Instructions on back of certificate. PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS A FOR RESERVED MARGIN

PLACE OF DEATH 6617	STATE OF MARYLAND
County Redwick	CERTIFICATE OF DEATH
n	Registration Dist. No. 38
Village or City Vountain Mileso.	St.; Ward) [It death occurred in a hospital or Institution,
My races Jemina	Bok 7 from give its NAME instead of street and number.]
FULL NAME Margaux Jemima	Mooria Guenceim
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale white (Strict word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY GERTIFY, That I attended deceased from
Jan 7, 1865	that I last saw h & alive on May 1st 1913.
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at 90 m.
48 yrs. 3 mos. 26 ds. 0Rmin.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	
(b) General nature of Industry, business, or establishment in which employed (or employer)	Wisbettes (Ouration) 7 yrs. mos. ds.
9 BIRTHPLACE (State or country) Manykund	Gontributory (Secondary) (Duration) vrs. mos. 3 ds.
10 NAME OF G. Mesly Meker	(Signed) N. St. Stopkins, M. D.
of father The	May 2., 191 3. (Address) Mew Market My
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE 7	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country)	of death yrs mos ds. State yrs, mos ds. Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place ot death?
(Informant)	usual residence
(Address)	Bethood of Church, Man 324 1913
Filed May 2 and 1919 Les May lor REGISTRAR	20 UNDERTAKER ADDRESS
A	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all expect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrereal scottchacmus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senlle," etc.), "Dropsy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Reart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrliin nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can death), 29 ds. State cause for "Exhaustion," Examples: For vio-



	RECORD	PHYSICIANS should state
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

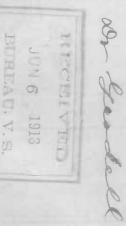
PLACE OF DEATH 6618 County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH
Near Frederick (No. Moo.	Registration Dist. No. [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	18 DATE OF DEATH May 29, 191.3
G DATE OF BIRTH Jan. 25, 1853 (Month) (Day (Year)	that I last saw ham alive on May 28, 1913
7 AGE 60 yrs. 4 mos. 4 ds. OR min.?	and that death occurred on the date stated above, at \$30 Pm The CAUSE OF DEATH* was as follows:
e OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry,	Eudo caditis
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Lyphistic alcunding life Secondary
10 NAME OF FATHER John Louis L	(Signed) (Duration) yrs mos ds (Signed) (Signed) (Address) Fredrick, M. D.
OF FATHER (State of country) Germanage 12 March 12 March 12 March 12 March 14 March 15 March 16 March 16 March 17 March	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Levinains	OR RECENT RESIDENTS At place of death yrs mos ds Where was disease contracted,
(Informant) Annie Cifes	If not at place of death? Former or usual residence. The standards miles
(Address)	18 PLACE OF BURIAL OR REMOVAL ACT OLIVET Bess June 1, 1913 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regis	Strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumodia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant peoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaemere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"," "Old Age," "Shock," "Uraemia," ""Weakness," is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report For vio-



DNIONID FOR RESERVED MARGIN

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 S WRITE PLAINLY, WITH UNFADING INK-THIS

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6619

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered	No. 140
110010100	1100

Village or City Vitour (No. *PULL NAME Mary	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Milowed, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	that I last saw h allve on , 191 , 191
7 AGE 1 LESS that 1 day,hr yrs	The CAUSE OF DEATH * was as follows:
e occupation (a) Trade, profession, or particular kind of work	acute aclutation of heart,
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Mulic 1 Tales	Contributory Mouic Culo ev teles, (Secondary)
10 NAME OF FATHER Murcles was	(Signed) Chr. IV. Deller - M.D. May 1st , 1913 (Address) Detour, weed.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mulluoion	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos, ds.
(Informant) Chas. Haesche	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Welour Md	Letous. Ind. Date of Burial Muy 14, 191 9.
Filed May 14, 1913 & 6, Poweld REGISTRAR	20 UNDERTAKER ADDRESS White Creeger Thursont

11 more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulminc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the description with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perifonacum, etc.. Carein-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably childbirth or miscarriage, as "Pumpenal septicharcause. etc., when a definite disease can be ascertained as the mus," "Old Age." "Shock," "Uraemla," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Con ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasthenla." "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mails: The contributory (secondary or intercurrent) "Tuerfebal peritonitis," tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can-Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH county Frederick 6620

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME IV MO UM TUU JOUR			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIGOWEO, OROIVORCED OROIVORCED OROIVORCED	18 DATE OF DEATH (Month) (Day), 1918 (Year)		
6 DATE OF BIRTH	17 I HEREBY CERTIFY That I attended deceased from all 20, 1913, to may 28, 1913, that I last saw har allye on may 27, 1913		
(Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 4. m. The CAUSE OF DEATH* was as follows:		
Q. O Wyrs. O mos. OR min.?	Carcinona a Love		
(a) Trade, profession, or particular kind of work.			
(b) General nature of Industry, business, or esfablishment in	(Ouration) yrs. mos. ds.		
which employed (or employer) BIRTHPLACE (State or country)	Contributory Oxhaution (Secondary)		
10 NAME OF FATHER FI BOWERS	(Signed) (Signed), M. D.		
of FATHER (State or country) Fixederick Go Mg	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-		
12 MAIDEN NAME GO NOT KNOW	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
13 BIRTHPLACE OF MOTHER (State or country) Frank Cong	at place of death yrs. mas. 1.5 ds. Stafe yrs. mos. ds. Where was disease contracted.		
(Interment)	If not at place of death? Former or usual residence The Alman Market M		
(Address) Montenas Horizata)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 28, 1813		
FILED 5/28 193 JM Godinan	20 UNDERTAKER ADDRESS AU) Chandales to the chanick		
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health
Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, it should be used only when needed. first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

genital," cause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERFERAL peritonitis," etc. childbirth or miscarriage. as "Pureperal scottehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." '(raemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulzions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) "Contributory." schsis, tctanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis is less definite; avoid use of "Tumor" for mails The contributory (secondary Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (name origin; "Can death), 29 ds.: or intercurrent State cause for Examples: 10



N. B.—Every Item of Information should be esrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exect statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 6621	STATE OF MARYLAND CERTIFICATE OF DEATH
County Orland	Registered No. 131
Village or City Orederch (No. One	Leve Koryote: Ward) [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED ORDIVORCED	18 DATE OF DEATH ROY 30, 1913. (Month) (Day) (Year)
O DATE OF BIRTH	17 I HEREBY CERTIFY, That I sttended deceased from
March 1909 (Month) (Day) (Year)	May 208 1913 to May 30 1913, that I lest saw h wellve on They 30 ,1913
7 AGE It LESS than	and that death occurred on the date stated above, st // / / / / / /m.
yrs. 2 mes. ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (e) Trede, prefession, or perticuler kind et work.	following meader
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 5 is.
BIRTHPLACE (State or country) Indeveto	Contributory (Secondary) (Duration) (Secondary) (Secondary)
10 NAME OF FATHER Leig-enbed.	(Signed) (Signed) (Signed) (N. D.
11 BIRTHPLACE OF FATHER (State or country) Carroll C. Mu	May 30, 191 3 (Address) Oh Douck MS. State the Disease Causing Death, or, in deaths from Violent
State or country) Carrollo. Mu 2 Maiden NAME OF MOTHER Haa Haffuel	CAUSES, State (1) MEANS OF INJUST; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Washy Len C. Re	At place of deeth yrs. mes. ds. State yrs. mes. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, 163 BYO ar. It not at place of death?
(Informent)	usual rosidonce
(Address)	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
18 31/5- 1813 KrafMeury	20 UNDERTAKER ADDRESB
16 more blanks are needed, address State Revietra	r. 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid ineumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: For vio-



N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

	PLACE OF DEATH	STATE OF MARYLAND
	ounty Frederick 6622	CERTIFICATE OF DEATH
Co	, d	Registered No. 141 +
Ai	illage or City Knopville (No.	St.; Ward) [If death occurred a hospital or institution give its NAME instead of street and pumber.]
	* FULL NAME Many Henriett	a Merriman of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SE	erale White (Write the word)	(Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
6 p/	ATE OF BIRTH Feb 4 (Month) (Day) (Yes	Table 1 I and annual bound of allists and the same of
7 AG		and that death occurred on the date stated above, at 15 a;
		2.5
(b) bush whice	Chemical rature of industry, liness, or establishment in ch employed (or employer)	(Duratiee) / yrs 2 mes (Secondary)
(b) bush whice set	General nature of Industry, iness, or establishment in ch employed (or employer) IRTHPLACE tate or country) 10 NAME OF FATHER 11 BIRTHPLACE	Gontributory(Secondary)
WHICE STANDS (S)	General nature of industry, Iness, or establishment in ch employed (or employer) IRTHPLACE tate or country) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME HA	(Signed) (Beratlett) yrs mos (Signed) , M. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal.
(b) busil whice set	General nature of industry, Iness, or establishment in ch employed (or employer) IRTHPLACE tate or country) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) Multiple of the country	Contributory (Secondary) (Signed) State the Disease Causing Death, or, in deaths from Violenz Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residents At place in the
PARENTS (9)	General nature of Industry, Iness, or establishment in ch employed (or employer) IRTHPLACE tate or country) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER MANY Hemingsworth 13 BIRTHPLACE	Contributory (Secondary) (Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residents At place In the
(b) whice whice white STN HE S	General nature of industry, Iness, or establishment in ch employed (or employer) IRTHPLACE tate or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER Many Hemingowith 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory (Secondary) (Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transient or Recent Residents) At place In the of death yrs, mos, ds, State yrs, mos, d Where was disease contracted, If not at place of death? Former or

[Approved by U. 8, Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. fication, as Day Idborer; Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the dibrase causing death—(the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," chlidbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of etc. State cause for (name origin; "Can-"Exhaustion," Examples: FOF A10-



PHYSICIANS RECORD PERMANENT classified. 4 THIS properly AGE INK pe UNFADING may 80 WITH terms, plain Information = DEATH WRITE 50 Item OF CAUSE

certificate.

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Instructions

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. 149 Ilf death occurred toWard) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH STINGLE. 4 COLOR OR RACE MARRIEO. WIDOWED. (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at t day,....hrs. DEATH * was as follows OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address). ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, ____ mos. Where was disease contracted. If not at place of death?...

usual residence.

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groecry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the diblabse causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dideumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcinoscip

childbirth or miscarriage, as "Purereral septicharample: Measles (disease causing death), 29 ds.. cause of death approved by Committee on Nomencla scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Polsoned Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Scnile." etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Forelenche (No. 7,	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. /3/
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, MIDOWED, MARRIED, MIDOWED,	18 DATE OF DEATH May 6th, 1913 (Moth) (Day) (Year)
Male Write the word) 8 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h an alive on May 3th, 1913.
AGE (Alonth) (Day) (Tear) (Is LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 4 a m, The CAUSE OF DEATH* was as follows:
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. / e. mos. 6 ds. Contributory Program Parks (Secondary) Ouration) 3 yrs. mos. ds.
10 NAME OF FATHER Col. E, M, Wobley 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) , M. D. *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Clen Carrer 13 BIRTHPLACE OF MOTHER (State or country) Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds, State yrs, mos, ds,
(Informant) Serge L, Euroley	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Sarsherick Ma Filed May 6 1913 Da Class J. Mc Const. Resistration If more blanks are needed, address State Begisti	19 PLACE OF BURIAL OR REMOVAL Mey 5., 1913. 20 UNDERTAKER J. Schrodes ADDRESS A

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. Never return "Laborer," material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iilof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease Causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies of lungs, meninges, peritonaeum,

"Contributory." injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ampie: Measles (disease causing death), 29 ds.; valvular heart disease; Ohronio interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ___ ture of the American Medical Association.) The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-For VIO-

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JUN 5 1918 BUREAU, V. S.

Important.

B ż 6625

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

County Frederick

Williagor City Frederick (No. 207, Clisabeth Morelock

[If death-occurred in a hospital or institution, give its NAME instead ot street and number.]

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White (Write the word)	16 DATE OF DEATH (Month) (Month) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	m 1 10 a 2 -
(Month) (Day (Year)	that I last saw he alive on May 9 1913
⁷ AGE If LESS than	and that death occurred on the date stated above, at 2,204 m,
86 yrs. 3 mos. 29 ds. or min.?	The CAUSE OF DEATH * , was as follows:
a) Trade, profession, or Mocese Wife particular kind of work.	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. 3 mos. ds.
9 BIRTHPLACE (State or country) Maneland	Secondary (Butter)
10 NAME OF FATHER John Bixler.	(Signed) June Mos Cus. (Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) Mouneland	May 1913 (Address) Address 2014
12 MAIDEN NAME OF MOTHER 1/	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mangland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Jacob Morelock	Former or usual residence.
(Address) 207 E, Third St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SX. Benjamins Com Manual
Filed May 10, 1913 Dr. chaf. Mc bandy	20 UNDERTAKER ADDRESS
REGISTRAR	Thomas P. Thing Theredorish

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

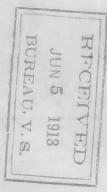
"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous The question "Foreman,"

pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) causing death (the primary affection with respect to term for the same disease. Examples: Cercbrospinal time and causation), using always the same accepted ("Pneumonia," fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., meningitis"); Tuphoid unqualified, is indefinite): Tubercufever (never report "Typhoid Diphtheria "Epidemic cere-(avoid use Carcin-

> nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," .. (name origin; "Can-State cause for "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

or B. O. Thomas



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	unty France (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 145 St.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
	FULL NAME Duson Clemes	i Mores
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
72 6 D/	ecuse 4 COLOR OR RACE MARTITED, WIDOWED, ONDINONES (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day) (Year)	that I last saw halive on
7 AG	## If LESS than f day,	and that death occurred on the date stated above, at
(a) par (b) busi	Trade, profession, or ticular kind of work. General nature of industry, iness, or establishment in ch employed (or employer)	(Iras de la socialista de la como
9 BI (St	RTHPLACE (tate or country) Monfound	Contributory (Secondary) (Ouration), yrs. mos. ds.
NTS	11 BIRTHPLACE OF FATHER (State or country) 12 NAME OF FATHER CENTER (State or country)	(Signed) August David on M.D. (Stepte the Displace Carry on In Joseph day No. 1)
PARENT	12 MAIDEN NAME OF MOTHER CHAPLET A Parebley	TAL, SUICIDAL, or HOMICIDAL. 18 CANGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTED TO THE PROPERTY OF THE PROPERTY
	13 BIRTHPLACE OF MOTHER (State or country) Monfoud.	At place of death yrs
	(Informant). Thomas More)	Where was disease contracted, if not at place of death? Former or usual residence
16 Fil	(Address) Myersville. M.S. [ed May 12191.3] William S. Kachtel, D. L., REGISTRAR 15 more blanks are needed address State Revis trans	19 PLACE OF BURIAL OR REMOVAL Bonne Leon Curcle Ty May 14, 1916. 20 UNDERTAKER Mean J. Boot Bonneston MA E Franklin St. Balto Requestion V. S. No. 1
	If more blanks are needed, address State Regis trar, 6	

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has As examples: For persons (6)

Statement of cause of death—Name, first, the dibease causing death—In always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Traemia," "Weakness," nant neoplasms) ; Measles; Whooping cough; Chronic ture of the American Medicai Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... Accidental drowning; Struck by railway train-acci-"Coliapse." "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.: "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can-State cause for Examples: 01



	PLAGE OF DEATH 6627	STATE OF MARYLAND
Co	ounty Tresluck	Home focertificate of Death
		The Aged Registration Dist. No. 13
V	illage or City Angelicish (No. 115,	Tecnel St.; Ward) [It death occurred in a hospital or institution give its NAME instead
	FULL NAME Whiamas	nice Possiffliss dock of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	MARRIED, ORUGE	16 DATE OF DEATH May 29, 1913 (Month) (Day) (Year)
	Guak Centersten ORDIVERCED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
8 D/	ATE OF BIRTH Harch 23th, 1833	May 20 , 1913, to May 29 , 1913
	(Month) (Day) (Year)	that I last saw h & alive on May 28 1913
7 AG	It LESS than t day,hrs.	and that death occurred on the date stated above, at 5 a. m.
	80 yrs. 2 mos. 6 ds. ORmin.?	The CAUSE OF DEATH * was as follows:
800	CCUPATION	Cerebrol Embolisin
(a)	Trade, protession, or	
	General nature of industry,	
	iness, or establishment in ch employed (or employer)	(Duration) yrs mos / ds
	RTHPLACE (ate or country) Maryland, Frederich Co	(Secondary)
	The state of the s	(Duration) yrsa mos sa ds
	10 NAME OF Richard Bowie Mundoes	(Signed) (Signed) M. D. D.
TS	11 BIRTHPLACE OF FATHER 7/ 1 9 1	May 29, 1913 (Address) Freshered Mid
ARENTS	OFFATHER (State or country) Whana Md.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PAF	OF MOTHER Sallie Orbecca Howar	BLENGTH OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTE
	13 BIRTHPLACE OF MOTHER (State or country) Ballingone Med	At place of death yrs mos ds. State yrs mos ds
14 _T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	(Interment, Rebecca Mourdock	If not at place of death? Former or usual residence From edential Med
	(Address) 115 Record st	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(AUUI 653)	Worbana Country May 31, 1913
Fil	ed May 30 1913 to chan I Michans	20 UNDERTAKER ADDRESS
	RECISTRAR	Thomas T. Rice Frederick
	If more blanks are needed, address State Regis trar, 8	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. material worked on may form part of the second the nature of the husiness or industy; and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Never return "Laborer," If the occupation has As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the nibease causing nrath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

childbirth or miscarriage, as "Pureperal septichae cause of death approved by Committee on Nomencla such, if impossible to determine definitely. mia," "PUEBPEBAL peritonitis," etc. mus," "Old Age," "Shock." 'Traemia," "Weakness," ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. by curbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not he stated unless important. nant neoplasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.; State cause for Examples:



FOR BINDING RESERVED MARGIN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

Village or City Burkellsalla	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME VIST manual	Then I may burn a succession will be a succession will be a succession of the succes
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7-imale White Single, MARRIED, WIDWED, DROIVORCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on ,191 ,191
7 AGE If LESS fhan 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	Still Lane Current unknown
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Secondary)
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Wash es 2nd 14THE ABOVE IS TRUE TO THE BEST OF KNOWLEDGE (Informant) Trush Country	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not af place of death? Former or usual residence.
(Address) Burkutto ville Kry 16 Filed 5-/ 2, 1910 Dy J Kainer Registran	19 Pace of Burland of Revovay Date of Burland Many 12, 1913. 20 UNDERTAKER ADDRESS

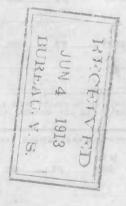
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

.Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tlon is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant. Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Never material worked on may form part of the second it should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the return "Laborer," "Foreman For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dimennonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaccause. Always quality all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... injury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) may be stated under the head (Recommendations on "Dropsy," "Exhaustion, (name origin; "Candeath), 29 ds.; statement of Examples:



	RECORD	PHYSICIANS should state of OCCUPATION is very
No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

back of certificate.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address) .----

15

6629

County Th

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

2 FULL NAME Hercesto	give Its NAMF instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Rencell Coloror RACE Single, MARRIED, Widower, Widower, (Write the word)	(Montaly (Day (Teat)
6 DATE OF BIRTH	17 I HEREBY CERTIFY That I attended deceased from May 1, 1913, to May 16, 1913, that I last saw he alive on May 16, 1913
(Month) (Day (Year) 7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at 10 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	Cerebrat as oplety (Ouration) yrs mos of ds
which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ELL CONSOL	Contributory Olkerome Secondary Referred Records (Duration) yrs mos ds. (Signed)
11 BIRTHPLACE OF FATHER (State or country Many	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT

TAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place		In the			
ot death yrs mos.	ds.	State	yrs	mos	d
Where was disease contracted,					Г

It not at place of death? Former or

usual residence

DATE OF BURIAL

rcenno 20 UNDERTAKER

REGISTRAR

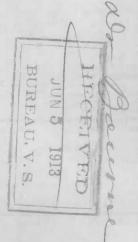
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. cated thus: should be taken to report specifically the occupations fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonacum, etc., Carcin

valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitie," etc. State eause for childbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Coilapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci "," "Old Age," "Shock," "Uraemia," "Weakness," is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles "Senile," etc.), may be stated under the head (Recommendations on statement of (disease eausing death), 29 ds.; "Dropsy," "Exhaustion," Never report For vio



PHYSICIANS should state of OCCUPATION Is very RECORD ERMANENT DINDING classi shoul AGE roper supplied. ADING may = that MARGIN terms, pino plai = DEATH Inf Jo 10 Item

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Frederick loo 35 Registered No [It death occurred to ...Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED, Widdwid (Month (Day) ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from 17 8 DATE OF BIRTH (Day) (Year) (Month) It LESS than 7 AGE and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) Deneral nature of industry. business, or establishment in (Duration) yrs. mos. which employed (or employer) Contributory certificate. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER WOB (Address) 11 BIRTHPLACE OF FATHER EN *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER yrs. mos. ds. State yrs, mos, ds, (State or country Where was disease contracted. it not at place of death? Former or usuai residence. Every item CAUSE OF Important. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Filed May 0 REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerstatement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, For persons "Foreman,"

Statement of cause of death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purpresal septichaecause. Always qualify all diseases resulting from "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds., affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the bead of (Recommendations on statement of (name origin; "Can-State cause for For vio-



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PLACE OF DEATH 6631	STATE OF MARYLAND
County Frederick Oh	CERTIFICATE OF DEATH
Oddity	Registered No.
Village or Gity Prinswick (No.	St.; Ward) [it death occurred in a hospital or institution,
1	give its NAME instead of street and number.]
* FULL NAME Leminia Ch	with succession with the s
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Accion on page 5 single, Q	16 DATE OF DEATH THE 14 10N3
Hueole white (Write the word)	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended decessed from
6 DATE OF BIRTH A.A. 29 184	May 13, 1913, to Many 14, 191:3.
(Month) (Day) (Year	
7 AGE II LESS 1	hre
67 yrs. 9 mos. 6 ds. OR. min	.? The GAUSE OF DEATH Was as follows:
BOCCUPATION	Product Parks
(a) Trade, protession, or particular kind of work hand unfe	- All Market and All States
(b) General nature of Industry, business, or establishment in	O 4 - (Ouration) yrs. mos. 2 ds.
which employed (or employer)	home at in
9 BIRTHPLACE (State or country)	(Secondary)
10 NAME OF	(Deration) yrs mós ds.
FATHER Noumed Will pules	(Signed) , M. D.
O 11 BIRTHPLACE	May 15, 1913. (Address) Princesvila and
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
T 12 MAIDEN NAME OF MOTHER S	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country)	ot death yrs mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Interment) The Catherine My See	Former or
Barrie	USUAL TESIGENCE
(Address) 224 s. region of the Maria	- Brown alle mrs may 17, 1913
Well 3' dean West	20 UNDERTAKER ADDRESS
Filed 191 REGISTRAL	C. H Ille for anework My
If more blanks are needed, address State Reg	istrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Ohronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malls. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-Examples:



PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH	occurred in institution, ME instead number.]
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH WHOOMED. WINDOWED. WOOMED.	Institution, ME instead number.] 1913 (Year) used from
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE Whoth With Wide the word) 16 DATE OF DEATH 5 26 (Month) (Day) 17 I HEREBY CERTIFY, That I attended deceanges the second of the seco	, 191,
With the word) 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED. (Month) (Month) (Month) (Month) 17 I HEREBY CERTIFY, That I attended decea	, 191,
	, 191,
(Month) (Day) (Year) that I last saw h allye on	, 191
TAGE If LESS than 1 day, hrs. 1 day,	5-Pem,
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Fushich learning Contributory (Secondary) Contributory (Secondary) Contributory (Secondary) Contributory (Secondary)	ds.
(Signed) Single M. Phys Offsather (Signed) Single M. Phys (Signed) Many 25 1, 191 5. (Address) January State the Disease Causing Death, or, in deaths from the Causes, state (1) Means of Injury; and (2) whether	M. D.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TROOR RECENT RESIDENCE) At place of deathyrsmosds. Stateyrsmos	
(Informant) Where was disease contracted, If not at place of death? Former or usual residence.	***************************************
(Address) 15 Reformed Cemetery Mt County May 30 1 20 UNDERTAKER C. C. Carly If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the dibbase causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Caroin-

mia," "PUERPERAL peritonitis," etc. mus," "Oid Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viccbildbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronia cer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory Aiways qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



ECORD

	should TION is
RECORD	PHYSICIANS of OCCUPA
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
HIS IS A F	should be sta y classified. I
NG INK-T	pplied. AGE ay be properi
H UNFADI	so that it most of certificate.
INLY, WIT	Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m important. See instructions on back of certificate.
VRITE PLA	F DEATH in See Instruct
2	CAUSE O

N

PLACE OF DEATH

Village or City State Sanatorium

County Frederick

6633

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

...St.;.....Ward)

[If death occurred in a hospital or Institution, give its NAME instead

	* FULL NAME	John F. Purne	11	78 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	of street and number. j	
-	PERSONAL AND STATE	STICAL PARTICULARS		MEDICAL CERTIFICATE	OF DEATH	
3 SE		S SINGLE, MARRIED, WIBOWEO, ORDIVERCE SING (Write the word)	le	(Month	, (==3, (====,	
6 D	(Mor	mber 23rd.		that I last szw him alive on	May 19th., 1913.	
	27 yrs5.	mos. 27 ds. 0	day,hrs.	The CAUSE OF DEATH * was as follows		
(a)	CCUPATION Trade, prafession, or ticular kind of work	sherman.		Pulmonary and Laryngeal	Tuberculosis	
hand	General nature of industry, ness, or establishment to the employed (or amplayer) Oyst	ers and Fish,		(Duration)	2 (?) yrsds.	
9 BI	RTHPLACE ate or country) Maryl			Contributory (Secondary)	yrs mos ds.	
	10 NAME OF William	J. Purnell.			ruse M. D.	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Sarah M. Hudson.			May 20 , 1913 . (Address) State	In deaths from Vroyswm		
		CAUSES, State (1) MEANS OF INJURY; a	and (2) whether Acciden-			
13 BIRTHPLACE OF MOTHER (State or country) Maryland.				18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs mos. 27 ds. State yrs mos. 27 ds.		
	Intermant) John F. P	urnell.	OGE "	Where was disease contracted, if oot at place of death? Probabl Former or usual residenceOcean City. Mar		
15	(Address)	City. Md.		Ocean City, Maryla nd	LANTINGUM., 1913.	
File	10 May 23. , 1913	A Olem		M. L. Craeger.	ADDRESS Thurmont, Md.	

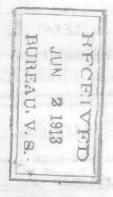
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcin-

which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scottchacmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritia injury, as fracture of skull, and consequences (e, g. by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchonneumonia (secondary), 10 ds. Never report ample: Measles (disease causing oma. Sarcoma. etc., of ... The contributory tetanus) may be stated under the head Always qualify all diseases resulting "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Candeath), 29 Examples: For vio-



/	PLACE OF DEATH	STATE OF MARYLAND
	2+ 10.4 6634	CERTIFICATE OF DEATH
C	ounty Defill Old Color	Registered No. 134
V	illage or CIN MILLS buy (No.	St; Ward) [It death occurred I a hospital or Institution give its NAME lostes
	FULL NAME ACCOUNTY 970	Senstell of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 51	ex COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH (1879) 1879	that I last saw het alive on all earl 25, 1913
7 A	(Month) (Day) (Year)	and that death occurred on the date stated above, at \$ 50 m
	3-3 yrs. 5 mos. 7 ds. OR min. ?	The CAUSE OF DEATH * was as follows:
(a) pa (b)	CCUPATION Trade, profession, or four ficular kind of work for some femoral nature of industry, iness, or establishment in	Incitient Dubercolosis Thighthing Typer Cools
whi	ch employed (or employer)	(Duration) yrs mos 23 ds.
98	RTHPLACE tate or country)	(Secondary) Most of Gt from historical (Secondary) Program Program mos 4 ds
	10 NAME OF homes Williams	(Signed) John B. Bruwen, M. D.
ITS	11 BIRTHPLACE OF FATHER (State or country)	126, 1913. (Address) 1111150 011 6 711
ARENT	(State or country) 12 MAIDEN NAME OF MOTHER	**State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
4	13 BIRTHPLACE OF MOTHER (State or country) 10,6	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds.
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at piace of death?
	Interment of the Rosenstule	Former or usual residence
	(Address) Exemits build	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fil	ed May 26, 191 3 M. F. Shuff	20 UNDERTAKER Shuff Eumlsburg
	if more blanks are needed, address State Registran	r, & E. Franktin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. minc, etc. "Manager," "Dealer," etc., without more precise specistatement. It should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all respect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

childbirth or miscarriage, as "Puenrenal scottcharcause of death approved by Committee on Nomencla schsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably sulcide. The nature of the such, if impossible to determine definitely. which surgical operation was undertaken. mia," "Puepperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senlle," etc.), "Dropsy," "Exhaustion," thonia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms) : Measles; Whooping cough: Chronio cer" is less definite; avoid use of "Tumor" for mallg. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Okronic interstitial nephritis oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of (name origin: "Can Examples:



V. S. No.

N.B

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 IS UNFADING INK-THIS PLAINLY, WITH WRITE

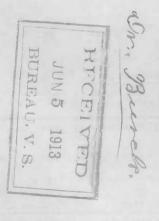
PLACE OF DEATH 6635	STATE OF MARYLAND
County Thederick	CERTIFICATE OF DEATH
	Registration Dist. No
VIIIagror City Frederick (No. City	a nospital or institution,
Monage & a	give Its NAME Instead of street and number.]
2FULL NAME Wary &	wy,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hernale White (Single, Marieo Morried)	16 DATE OF DEATH May 12, 1913 (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Apr 24 1861	
(Month) (Day (Year) 7 AGE It LESS than	that I last saw h la alive on may 1, 1913
1 day bro	and that death occurred on the date stated above, at
32 yrs. omos /8 ds. OR min.?	THE GROUP OF DEATH A WAS AS TORIOWS;
(a) Trade, protession, or Mocese Wife	Carcinona of right lung
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. 3 mos. — ds.
9 BIRTHPLACE (State or country) Vingunia	Secondary (Duration) yrs mos ds.
10 NAME OF Jacob Filler	(Signed) , M. D.
OF FATHER (State op country)	May 13, 1913 (Address) Frederick md
MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	of death yrs. / mos. 5 ds. State yrs. / mos. 5 ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Jaylonstones Va
(Interment) 2 m G. Filler	Former or Jaylors town Va
(Address) 22 E. 3. Frederich.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Taylorstown Va May 14,1913
Filed May 13, 1913 & J. McCurby MD	20 UNDERTAKER ADDRESS
If more blanks are needed address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
are medica, address state Regist	Lat, o M. Frankin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sareoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of etc. State "Exhaustion," cause for For vio-



S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	Item	o	infor	mation	shou	ld b	0	arefuily	Subr	olied.	AGE	sho	uid be	state	E P	KACTLY.	ב	YSICIANS
-													1					
CAUSE	OF	DEA	HIL	in plai	n ter	ms	80	that it	may	pe	prope	riv c	issifie	d. E	act	statemer	nt of	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
		1				•												
important. See instructions on back of certificate.	ant.	See	Inst	ruction	L OU	back	50	sertifica	ate.									1

County				STATE OF MARY CERTIFICATE OF Registration Dist. St; Ward)	DEATH
	ONAL AND STATISTIC			MEDICAL CERTIFICATE OF D	EATH
3 _{SEX}	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED W	[arried	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I att	16th., 1913. (Day) (Year)
7 AGE	May (Month)		(Year) It LESS than t day,hrs.	that I last saw h. G.F alive on	16th.,, 1913 15th.,,1913
(b) General nature business, or esta	ion, or work			Pulmonary Tuberculosis Tuberculous Enteritis (Ouration) 2.1	***************************************
ш	Antonio PLACE THER or country) Greec	Lampros		(Signed) May 16th. 1913 (Address) State Sar *State the DISEASE CAUSING DEATH, or, in d CAUSES, state (1) MEANS OF INJURY; and (2) TAL, SUICIDAL, or HOMICIDAL.	
13 BIRTHE OF MO (State or				16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSOR RECENT RESIDENTS) At place In the of death	yrs, mos, ds

James Skevdos

(Informant).....

Frostburg. Md.

15 REGISTRAR Frostburg, Md.

-- Unknown ... , 1915. ADDRESS

DATE OF BURIAL

M. L. Craeger,

usual residence.....Frostburg Md 19 PLACE OF BURIAL OR REMOVAL

Thurmont, Md

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry; and therefore an cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthfulbeen changed or given up on account of the DISMASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) Foreman. (b) Automobile factory. The As examples For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carein-

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage. as "Purrperal scotichacetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock." 'Traemia," "Weakness," genital," "Senile." etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. Exvalvular heart discase; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds. State cause for Examples: of nf.



RECORD	PHYSICIANS should state of OCCUPATION is very
WRITE PLAINLY, WITH UNFABING INK-THIS IS A PERMANENT RECORD	4. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH	6637
Gounty Fredericks	



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 131

Village or City Free	derick (No.	466 2	4. Tar	sicha!	Ward)
OFFICE BLANCE	Inlin	P	ohn.	: 11.	

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

TOLL ITAMIL	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
G DATE OF BIRTH 4 COLOR OR RACE S SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) (Month) (Day (Year)	16 DATE OF DEATH Month Day 24, 1913 (Month) (Day (Year)) 17 I HEREBY CERTIFY, That I attended deceased from May 20, 1913, to may 54, 1913. that I last saw h & alive on May 24, 1913
7 AGE (Month) (Day (Year) 1 If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Culmonory Temeration Mos. 2 ds.
9 BIRTHPLACE (State or country) Mangland 10 NAME OF FATHER ()	Gontributory Relander Viete calose Secondary Interprete Alternation yrs mos ds. (Signed) Ulysses & Docenie up n
11 BIRTHPLACE OF FATHER (State or country) Mangland 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mangland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted,
(Informant) Seressiah Sensith	If not at place of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Mars 26, 1913 Dr. Chry J. M. Chandy REGISTRAN	Greenwount ben Meay 27, 1913 20 UNDERTAKER Thomas Of Rice Frederich

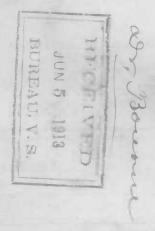
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: should be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report For VIO-



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Con instructions that it continues to be a continued to the continues of the	
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County Frederick

6638.

STATE OF MARYLAND CERTIFICATE OF DEATH

,					St.;Wa	[If death occurred I a hospital or Institution give its NAME instea of street and number.]	
=	PERS	ONAL AND STATISTIC	AL PARTICULA	ARS	MEDICAL CERTIFICATE	OF DEATH	
	Female White Single, White Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)		18 DATE OF DEATH May (Month) 17 I HEREBY CERTIFY, Tha	(Day) (Year)			
* DATE OF BIRTH February 3rd, 868.				Sept. 1st, 1912, to Mathematical Sept. 1st, 1912, to Mathematical Sept. 1912 to Mathematical Sept. 191	ay 26th, , 1913		
7 A		45 yrs. 3	mas. 22 ds.	If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date state The CAUSE OF DEATH* was as follows:		
	CCUPATION) Frade, profession		ife		Pulmonary Tubercul	osis	
	rticular kind of the General nature	WUI A	T T C		Tuberculous Enteritis		
bus	iness, or estab	blishment in			(Durafion)	2 vrs. mas de	
which employed (or empleyer) BIRTHPLACE (State or country) Maryland				Contributory (Secondary)			
10 NAME OF William McFeeley,		(Signed)					
11 BIRTHPLACE OF FATHER (State or country) Maryland		May 26th, 131 3. (Address State Sanatorium, Md.					
2 12 MAIDEN NAME OF MOTHER Wollde Downers		TAL, SUICIDAL, OF HOMICIDAL.	nd (2) whether Acciden-				
13 BIRTHPLACE OF MOTHER (State or country) Maryland		18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the Lifetime of death yrs. 8 mos. 26 ds. State yrs. mos.					
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) Mrs. Maggie R. Smith,		Where was disease contracted. If onf at place of death? Probably if Former or usual residence 927 Madison Ave.	at home				
15		927 Madison	Ave., Balt	imore.	19 PLACE OF BURIAL OR REMOVAL Baltimore, Md.	Unknown, 1913	
FI	es May 9	6 1913 0.	It, She	w,	20 UNDERTAKER	ADDRESS	
	A			Designation	M. T. Omanman	(91.	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8, Census and American Public Health Association.]

tion is very important, so that the relative healthfulduties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations statement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage, as "Purperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ampie: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of bead-homicide; Potsoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "PUERPEBAL peritonitis," etc. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malis oma. Sarcoma. etc., of _ ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. hart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 ds.; State cause for "Exhaustion," Never report Examples: For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Frederich 6639	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 37
Village or City Burkelle (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single, Married, Widowed, Ordivorces Ordivorces (Write the word)	16 DATE OF DEATH
5	that I last saw here alive on Medy 20, 1913.
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	au lunu
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Frederich Gustos	(Signed) (Ouration) yrs mos ds. (Signed) MOV. Aures , M. D. May 2(), 1915. (Address) Burkultritte M.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Sadir Matthews	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPASS
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds Where was disease contracted,
(Informant) Seoffersteen Or	If not at place of death? Former or usual residence
(Address) Surpulsily MQ	PLACE OF BURIAY OR REMOVAL DATE OF BURIAL NAME OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
Filed 191 REGISTRAR	Frederick Smothers Buskelleville
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto, Requesting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an cssary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (uame origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scnile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "PUERPERAL septichac-Never report For vio-



	PLACE OF DEATH 6640	STATE OF MARYLAND CERTIFICATE OF DEATH
	Illage or Gity Res Mt near (No. 2FULL NAME Casherial Do	Registration Dist. No. [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S1	ex 4 COLOR OR RACE 5 SINGLE, MARAHED, WHOWED, OROSVORCED (Write the word) ATE DF BIRTH May 30, 1913	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from 1912 to May 1913,
(a	(Month) (Day) (Year) GE It LESS than t day,hrs. 77 yrs. // mos. / O ds. ORmin.? OCCUPATION or Returned	and that death occurred on the date stated above, at
bus wh	General nature of industry, siness, or establishment in nich employed (or employer) IRTHPLACE State or country) NAME OF FATHER The state of the s	Contributory (Secondary) (Duration) (Duration) (Duration) (Signed) (Signed) (Duration) (Duration) (Duration) (Duration) (Signed)
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Mangland 12 MAIDEN NAME OF MOTHER Clinia Shell	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
15	13 BIRTHPLACE OF MOTHER (State or country) Methyland THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Carrie Daylow (Address) Mt Carry Tuck Tiled 191 Blocay REGISTRAR	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Prosfect Cerrinal Contracted in the place of death? 20 UNDERTAKER ADDRESS BUY Downseare Att Cerry

[Approved by U. S. Census and American Public Usaith Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iil-Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) If the occupation bas For persons (0)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Tuenperal scotichae etc., when a definite disease can be ascertained as the affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio--Kart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing er" is less definite; avoid use of "Tumor" for mails Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Old Age," "Sbock." Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," 'Traemia," "Weakness," (name origin; "Can death), 29 ds. State cause for Examples:



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Exa
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	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS si CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIC Important. See instructions on back of certificate.
	AUS
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G	PLAC	GE OF DEATH	6641 Maryland	Tubercui	STATE OF MARY CERTIFICATE OF losis Sanatorium, Registration Dist.	DEATH
٧			torium,(N	O. vasaning	St.;Ward)	[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]
	PERSO	NAL AND STATISTI	CAL PARTICULA	RS	MEDICAL CERTIFICATE OF DE	ATH
3 sı	ex Tale	4 color or race White	MARRIED,	ingle.	(Month)	9th, 1913. (Day) (Year)
8 D	ATE OF BIRT	H May	?	, 1.888. (Year)	April 23rd, 1913 to May 9th	, 1913
7 AGE If LESS than t day,hrs. 25 yrs. mos. ds. QRmin. ?			_mosds.	t day,hrs.	and that death occurred on the date stated about the CAUSE OF DEATH* was as follows:	/e, at
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,				Far advanced Pulmonary T	uberculosis	
business, or establishment in Delivery wagon which employed (or employer)			000000000000000000000000000000000000000			
9 BIRTHPLACE (State or country) Maryland				Contributory Pulmonary Tubercu		
10 NAME OF FATHER Henry Steubing		(Signed) J. J. Awrich	rs mos ds.			
11 BIRTHPLACE OF FATHER (State or country) Germany 12 MAIDEN NAME OF MOTHER Katie Rudolph		May 9th, ,1913. (Address) State Sanatorium, Mestate the Oldan Causing Death, or, in deaths from Violes				
		TAL, SUICIDAL, OF HOMICIDAL.	whether Acciden-			
13 BIRTHPLACE OF MOTHER (State or country) Germany		At place of death yrs. mos. 16 ds. State	Lifetime.			
	THE ABOVE IS	Vincen J.		LEDGE	Where was disease contracted, If not at place of death? Former or usual residence	······································
					nangi igaineile	Troining.6 Mg.

(Address) State Sanatorium, Md.

15 REGISTRAR 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Baltimore, Md. Unknown , 1913 20 UNDERTAKER ADDRESS

M. L. Creager,

Thurmont, Md.

[Approved by U. S. Census and American Public Health
Association.]

statement. Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a), the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (4)

Statement of cause of death—Name, first, the dibease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purrereal scotichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Traemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a dcfinite disease can be ascertained as the ampie: Measles (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical oma. Sarcoma. etc., of .. ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably -Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ter" is less definite; avoid use of "Tumor" for mails The contributory (Recommendations on statement of may be stated under the head "Convulsions," "Debility" ("Con-(secondary or intercurrent) (name origin; "Can State cause for Examples:



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN V. S. No. 1.

N. B.-

PLACE OF DEATH 6642	STATE OF MARYLAND
County Grederick	CERTIFICATE OF DEATH
0 01	Registration Dist. No. 140
Village or City lear food one ore,	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Truck Mile (Mrite the word)	(Month) (Day (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
July 8 , 1820	that I last saw h anveon 191
(Month) (Day (Year)	and that death occurred on the date stated above, at
92 yrs 10 mos 29 ds OR min.?	The CAUSE OF DEATH was as follows:
8 OCCUPATION (a) Trade, profession, or	General Debility
particular kind of work (b) General nature of industry.	
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory
10 NAME OF FATHER	(Duration) yrs mos ds.
Loudly Mull	(Signed) Socol Be and
J 11 BIRTHPLACE OF FATHER (State or country)	MALLEY 1910 (ADDITESS)
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF Mother	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted,
(V) 1 VI 1 X	It not at place of death?
(Informant)	usual residence.
(Address) full for the first of	DATE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed May 8, 1913 L. C. Borwell	20 UNDERTAKER KOORESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. statement. the nature of the business or Industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) For many occupations a single word or term on the been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pncumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Tuerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genltal," "Senile," etc.), "Dropsy," Exhausuru, "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 4 1913
BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County Frederick Registered	DEATH No. 153
Village or City Fralkerwille (No. St.; Ward) 2 FULL NAME Mro. Sue Thomas	[It death occurred in a hospital or Institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF D	EATH
SEX 4 COLOR OR RACE 5 SINCLE. MARRIED. MARRIED. MIDOWISO. MIDOWIS	(Day) (Year)
Month (Day) (Year) 6 DATE OF BIRTH 191 to May 1 (Month) (Day) (Year) 1845 that I last saw h & alive on May 194	2 1913, at 3.50, 1913
TAGE If LESS than 1 day,hrs. ORmin.? BOCCUPATION (a) Trade, profession, or	ove, at 9 0. m,
which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Minkingson (Secondary)	yrs. mos. ds.
(Signed) (Licoderic (Signed) (Licoderic (Signed) (Address)	roville MA
13 BIRTHPLACE OF MOTHER (State or country) 14 DUE ADDITION OF MY KNOWLEDGE 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTORMED ON RECENT RESIDENCE) At place of death	TITUTIONS, TRANSIENTS, yrs,
(Informant) (Address) (Address) (Address)	ATE OF BURIAL 2 2 191 3
The state of the s	Valhereville

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiheen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. essary to know Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman," For persons (%)

Statement of cause of death—Name, first, the diskass causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childhirth or miscarriage, as "Pursperal scottchaeetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of .. Bronchopneumonia (secondary), 10 ds. Never report The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: d8.;



Month (Day) (Year of Day) (Year) AGE If LESS than	Village or City Emmissions No. 2 FULL NAME Subella A.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 3 St.; Ward) Tropell St.; Ward) Fropell St.; Ward) Fropell
SEX ACOLORGR RACE WARRIED W	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tage	Female White Shingle, millawed with the word) Bate of BIRTH Oct 8, 1844	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1913, to Mas 30, 1913.
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Contributory (Secondary) Contributory (Secondary) (Duration) Yrs. mos. Contributory (Secondary) (Signed) 10 NAME OF FATHER (Signed) "State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accide Tal, Suicidal, or Hospitals, Institutions, Transien or Recent Residents	AGE If LESS than f day,hrs. ORmin.?	and that death occurred on the date stated above, at
(Signed) (Signe	(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Frederick 100 7410	Contributory & Raus Lan (Secondary)
OF MOTHER IT I CALL OF STEPHEN	11 BIRTHPLACE (State or country) free level bowe 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
(Informant) Where was disease contracted, It not at place of death? Former or usual residence. (Address) Examination of the Best of My Knowledge 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	(Informant) Illian frozell (Address) English fr	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURJAL OR REMOVAL DATE OF BURJAL 20 UNDERTAKER ADDRESS Summissions Summissions Summissions Summissions Summissions

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should he taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. As examples: the nature of the husiness or industry, and therefore an tion is very important, so that the relative healthfuiwho have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will he sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has For persons "Foreman," 9

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

Accidental drowning; Struck by railway train-acciture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carboligiacid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purpresal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronio ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



	RECORD	PHYSICIANS should state to of OCCUPATION is very
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be esrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Pace of Packino.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 3 8 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME // MULLE WIND	William
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferrale Hirle (Write the word) 8 DATE OF BIRTH 4 COLOR OR RACE 5 SINGLE, MARRIET, WILDWISS, ORDINORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from
May 3/, 19/3 (Month) (Day) (Year) 7 AGE It LESS than	that I isst saw held alive on May 31, 1913, and that death occurred on the date stated above, at 8, P, m,
yrsds. 1 day, 3 hrs. 0 R	The GAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Coercession 9 Brain. (Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Freds Co. Md.	Gontributory (Secondary) (Operation) yrs mos ds.
10 NAME OF Letter E. Walker.	(Signed) Jas & Thomas, M. D. June 1, 1913. (Address) adams town, Mr.
11 BIRTHPLACE OF FATHER (State or country) Loudon Co; TCC 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Washington Co; Med.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos, ds. State yrs mos, ds. Where was disease contracted,
(Informant) Letter & Walker	If not et place of death? Former or usual residence
(Address) Pacert of Racks	Shouls Porish Bruchay Frank Comment of Burial Manual Date of Burial Manual Date of Burial Manual Date of Burial Manual Date of Burial Address Address
Filed 6, 2. 1913 1. 1. N Waterell	1 6 PR (2)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiheen changed or given up on account of the DISEASE who receive a definite salary), may be entered as (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to thme and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-For VIO-



	RECORD	PHYSICIANS should state t of OCCUPATION is very
* 8. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 6646	STATE OF MARYLAND
County Frederick .	CERTIFICATE OF DEATH Registered No. 148
Village or City Garonille (No	St.; Ward) [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH (Month) (Day) (Year)	17 112 112 112 112 112 112 112 112 112 1
TAGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
particular kind at work	Gontributory (Secondary)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed)
of Mother Suchnown. 13 BIRTHPLACE OF MOTHER (State or country) Manyland	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds.
(Informant) (Address) (Address)	Where was disease contracted, It not at place of death? Former or OSUAL PERIOD 19 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS ADDRESS ADDRESS
	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

first line will be sufficient, e. g., Farmer or Planter, material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). For persons "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISTASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerstatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dinemonia"); Lobar pneumonia; Bronchopneumonia ("Dneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, telanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. LENT DEATES State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Pursperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.; Always qualify all diseases resulting from "Senile," etc.), "Dropsy," etc. State (name origin; "Can-"Exhaustion," Examples: cause for For VIO-



	RECORD	PHYSICIAN of OCCUP
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	y item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIAN SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP print. See instructions on back of certificate.
•		y ite

m

S should state ATION Is very

CE	OF	DEATH	664

1 PLA

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 152

St; Ward)

Ilf death occurred in a hospital or institution, give its NAME instead of street and number.]

William H. Wabster

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 si	4 COLOR OR RAGE MARRIED, WIDOWED, ORDIVORCED QUIVORCED (Write the word)	
8 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	1840	, [9] , to, [9],
	(Month) (Day (Year)	that I last saw hallye on, 191
7 AGE if LESS than 1 day,hrs. ORmln.?		and that death occurred on the date stated above, at
(a)	Trade, profession, or Truckster	Wex faunt see a 1 see
(b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) Many Land		Contributory Secondary (Duraflon) yrs mos ds.
STN	10 NAME OF FATHER Henry Webster 11 BIRTHPLACE OF FATHER (State or country) No angland	(Signed) (Address) . , M. D
PARE	12 MAIDEN NAME OF MOTHER Clicabeth Smith	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
14 -	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) Af place in the of death
(Informant) Moss W. A. Staley		if not at place of death? Former or usual residence
16	(Address) 630 Ni Monfeet St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	ed 57/7, 1913 & M Governar REGISTRAR	20 UNDERTAKER Thomas P. This Treedemin
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) totanus) may be stated under the head Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," cause for For vio-



PERMANENT BINDING 4 THIS 0 INK ESERVED FADING NO MARGIN WITH

RECORD

STATE OF MARYLAND Very 6648 CERTIFICATE OF DEATH should is Registered No. OCCUPATION If death occurred in PHYSICIANS Ward) a hospital or Institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS Exact statement EXACTLY 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDDWED, DRDIVDRCED (Write the word) (Month) (Day) 17 I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH classified. Ionth) (Day) (Year) pe 7 AGE If LESS than and that death occurred on the date stated above, at pinous 1 day,hrs. OR 7 properly 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) Beneral nature of industry, supplied pe business, or establishment in may which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) that 10 NAME OF (Signed) FATHER 11 BIRTHPLACE back terms, ARENT OF FATHER (State or country) should *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENuo 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Information 0 DR RECENT RESIDENTS) 13 BIRTHPLACE At place 드 In the OF MOTHER of death yrs. mos. ds. State yrs, mos. ds. (State or country DEATH Where was disease contracted. if not at place of death? Jo Former or item OF usual residence mportant. Every its DATE OF BURIAL (Address) 20 ANDERTAKER ADDRESS m REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the DISKASH CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of .. ture of the American Medicai Association.) The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head (name origin; "Can-State cause for Examples:



V. B. No. 1.

GWOT	PHYSICIANS should state	t of OCCUPATION Is very		
THE STATE OF THE S	N. BEvery Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very	Important. See instructions on back of certificate.	

	ounty	ACE OF DEATH Frederick City State Sana		0	CERTIFICATI Registratio	MARYLAND E OF DEATH on Dist. No. 139 [If death occurred in a hospital or lostitution, give its NAME instead of streef and number.]
	PER	SONAL AND STATISTIC	CAL PARTICULA	RS	MEDICAL CERTIFICAT	TE OF DEATH
SSEX 4 COLOR OR RACE MARRIED. Wisowed. On Diverced Married (Write the word)		16 DATE OF DEATH (Mon 17 I HEREBY CERTIFY. T	th) (Day) (Year)			
June 16th , / 8888 (Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs.			(Year) If LESS than	that I last saw him. alive on	May 23rds, 191 3. May 23rds, 191 3. tated above, at 6:30 A.	
(a pa (b) bus whi	General natur	sion, o Electro-type i work re of industry, tablishment in or empleyer)			Contributory (Secondary)	2yrs. (?) mos ds.
TS	10 NAME OF FATHER James E. Whitaker		(Signed) (Address) Stat	, M. D.		
PARENT	(State or country) Pennsylvania		*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,			
	13 BIRTHPLACE OF MOTHER (State or country) Maryland		At place in the of death yrs. 1 mos. 7 ds. St	the Lifetimeos ds		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) J. E. Whitsker			EDGE	Where was disease contracted, If out at place of death? Proba bly at work Fermer or usual residence 906 Russel Street, Balto. Md.		
15 Fil	ed May	24, 1913.6.1		REGISTRAR	Baltimore, Md. 20 UNDERTAKER M.L. Craeger, 6 E. Franklin St., Balto., Requesting V.	Unknown 1912.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. cases, especially in industrial employments, it is necapplies to each and eveny person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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such, if impossible to determine definitely. genital," "Senile," etc.), "Dropsy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencla. injury, as fracture of skuil, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Purperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL schilcharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ ture of the American Medical Association.) "Contributory." which surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion," Examples: For vio-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH (Original) County Frederich 6650 Village or City Welfswille (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	may4th 8/23/1913 to may 6, 1913,
Aug 9 1890	
(Moyth) (Day (Year)	that I last saw h alive on my 1913
7 AGE If LESS than t dayhrs.	and that death occurred on the date stated above, at
2 yrs mos 2 7 ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	Eclumpsia
(b) General nature of Indusfry, business, or esfablishment in which employed (or employer)	(Duration) yrs mos. / ds.
9 BIRTHPLACE (State or country) Mary land	Contributory Secondary (Duration) yrs 7 mos ds.
10 NAME OF John lo lark	(Signed) Afsmit, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
12 MAIDEN NAME OF MOTHER MADE	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Mary land	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) 2.B, Wolfe	Former or
7100 la la Dud	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address). Compared from	le interted brown ?
Filed May 7th 1913 John W. Hoover	20 UNDERTAKER ADDRESS , / 1913.
Arcal REGISTRAR	Bisto Bas muerville hid

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. 56. 1.

[Approved by U. S. Census and American Public Health Association.]

dnties of the household only (not paid Housekeepers CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as mine, ete. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State eanse for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis childbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. genital," "Senile," etc.), Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Thmor" for mally The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing "Dropsy," death), 29 "Exhaustion," Never report For vio-Ex-

